

D 101.2:
F 57



**Fitzsimons
Army Medical Center**

The Life and History

1918-1996

D 101.2:F 57

FLARE



Annual

Review

*A History and Report
of
Fitzsimons Army Medical Center*

Your Hospital

Helpless and alone you wait. . . In agony and pain. . . There's a science tuned unto your need. . . You will not wait in vain. . . People, doctors, nurses, dedicated priests. . . Of life, specialists to all. . . Your Medical Corps' fast moving wheel. . . Roll in answer to your call. . . This is your Hospital where even Life begins. . . Where birth and bearing is safe and sane. . . Where vigilant guardians of your life. . . Act swift to ease the anguished path. . . giving comfort, ease---Aye blood itself. . . In battle 'gainst the reign of death. . . Giving knowledge, skill and love of Man. . . To back the foe, save failing breath. . . Its heart---The operating room, where one man's hand. . . Human skill, aimed well at unseen foe. . . Movements swift and deft, signals urgent in a dream. . . voices calm, insistent---Speak life failing, low. . . Anesthesia, The cool mask of Death. . . A low clear voice---Relax, Breathe deep and count. . . One---Two---Three---Sweet pungent Swirl. . . Spinning---spinning---down---and out. . . Somewhere instruments click, movements unseen, unfelt. . . Scalpel, retractor---Voices---Dust of dreams. . . Needle, Suture, Finished---And then Sleep. . . Through the hands, the skill, Life blooms again. . . Through hope and fear and love, the fight is won. . . The long way back, restored the shattered and the sick. . . The toil, the care of many is begun. . . This then is your hospital, efficient and alert. . . Devoted to you and your urgent strife. . . Waging endless war on death and hurt. . . This throbbing vital guardian of life. . . MSgt. John F. McCarthy written in 1951



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(12-2000)(FITZSIMONS GEN'HOSP.)



On the cover: The Fitzsimons Crest

The most prominent feature of the insignia, the cross, symbolic of aid and assistance, represents the hospital. The single sword of sacrifice, with point down, alludes to 1st Lt. William Thomas Fitzsimons, an Army physician who was the first American officer killed by enemy action during World War I. The stylized, snow-capped mountains symbolize the Rocky Mountains of Colorado. The golden sun ball was suggested by the Colorado State Flag, and is reminiscent of the sun's healing and health-giving rays. The green base represents the green plains and mountain slopes of the area, while the maroon and white colors are representative of the Army Medical Department. The Fitzsimons crest was unveiled April, 1971.

Our Fitzsimons

Out east of Denver not too far away
above the skyline alone it stands

A sanctuary for the sick and wounded
where trust is placed in able hands

Where men and women and youngsters too
are ever cared for night and day

Where life so precious to us all, is fought for too
with help from Him we pray

The doctors and nurses and all who tend the ill
have thankless tasks `tis true

Their deeds in fact oft overlooked
and patient's "thanks" or chief's "well done" too few

But patients still to "Fitz" each day with faith in care and comfort seek
Those fine few whose chosen work this is to cure and heal and soothe the weak

And life goes on and life stops too and they try the best they can
To help all those who need this place this edifice for the sick and wounded soldier man.

-Kenyon Cozine

(Editor's note: Kenyon Cozine was a technician in the Medical Distribution System at Fitzsimons.)

Fitzsimons Army Medical Center

Aurora, Colorado

A Commemorative History

Produced by the
Public Affairs Office
Fitzsimons Army Medical Center
Aurora, Colorado



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Commemorative History Book Staff

Managing Editor/Research

Helen W. Littlejohn
Public Affairs Officer

Art Director/Research

Sheri Muehlbauer
Microbiologist, Dept of Clinical Investigation

Photographers

Charles Hale
Chuck Linnear
Jeanine Harder
Theodore Moore

Administrative Support

Doris Sachanandani
Medical Technologist-Dept of Clin. Invest

SPC Kevin Quick
Dept of Nursing

Martell Tully
Secretary-Cardiothoracic

SPC Kimberly Bryant
Public Affairs Office

SSG Barbara Hughes
Dept of Nursing

SGT Martin Haywood
Public Affairs-NCOIC

Stephanie Bubeck
Admin Asst-Visual Info.

Advisors

Theodore Moore
Visual Information Chief

Gene Geise
Forms Management

Contributors

R. Laurie Simmons, M.A.
Front Range Research Assoc.
(History of Fitzsimons)

Sylvia Weber, R.N.
(Nursing History)

The staff would like to thank all of the various individuals, departments and directorates who provided input for this project. Every attempt was made to correctly represent all the departments at Fitzsimons. Any omissions were inadvertent. This is not to say the contributions of those departments were any less significant. It should also be noted that the pictures and information were done near closure and in some cases may not show the complete staff.

DEDICATION

There are a few people I'd like to thank, because without them, the history book would not have happened: Sgt. Martin Haywood, Public Affairs; Sheri Muehlbauer and Doris Sachanandani, Department of Clinical Investigation; and Martell Tully, Department of Surgery.

How do you begin to tell the history of a 78-year old landmark institution? We can't begin to estimate the number of people who've come through the gates every day starting back in 1918. The soldiers...the sailors...the airmen and the Marines...their families. The military doctors, nurses ...nutritionists...the food service workers, ...the janitors...the researchers...the students...the generals...the privates...the civilians.

the sergeants major...the lieutenants...the engineers, the entertainers...the commissary stockers...the logisticians...the company commanders...the old, the young...the women...the men...the firefighters, the police, the photographers...

the church goers...the golfers...the list could go on forever. They all had one thing in common. We all had a common mission. Taking care of the wounded. Over the years, our mission expanded. We taught, we conducted research. We trained. We went to war. And through it all, we took care of patients. Every minute of every hour; every hour of every day. For 78 years.

We've done our duty. And so it comes to this final salute. This commemorative historical book is just a small token, dedicated to all of those who came before us. More people than I could name are very, very special and each deserves a place in our history.

Thank you all for being a part of our history. The history of the Fitzsimons Army Medical Center Family.

Helen Littlejohn

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The Vision:

We are and will continue to be a
World Class Health Care Organization.

Mission statement:

- * The maintenance of health**
- * The restoration of health**
- * Health care delivery in peace and war**
- * Education from the beneficiary level, to include sophisticated Graduate Medical Education**
- * Research at all levels, to include technical methods of health-care delivery on the battlefield**

The Commander

THE LAST DAY

Saturday morning, the 8th of June, 1996 came fast. Faster than any other day at Fitzsimons Army Medical Center. The sky was blue and clear, the air crisp and dry. There was anticipation — Interns, Residents and Fellows were going to graduate today. It would mark the culmination of years of work for them and it was to be a celebration much deserved by them and their families.

The troops and Band were anxious and were focusing on the morning's events. Precision is everything on the Parade field. Some saw it as just another day, some saw it as a historic that day.

The State Flags surrounded the field. A soft breeze caused the flags to make a small flapping sound. Soldiers were talking softly as they made last checks — are they in the proper order? As early morning grew older the sun grew warmer. The traffic increased and the people of the Fitzsimons community gathered. Past Commanders, Mayors, Congressional and Senatorial representatives, parents, families and friends were all present. The time of ceremony was fast approaching.

It seemed that at the last minute this great institution made a penultimate cry that it could not be closed or forgotten. The main power to



Brig. Gen. John S. Parker

the installation ceased as if to say "not yet". Human ingenuity and the whine of a camper generator said "go on".

The graduation ceremony was grand. The smiles, the hand shakes and the pictures with the Surgeon General will mark the careers of many of our finest. Then a short break. A gathering of troops — Adjutant's call and we all knew the end was approaching fast.

Oh, it was spectacular. The troops, soldiers, sailors and airman, all in formation. Flags everywhere. Honors, the cannon, the smoke the sound never to be forgotten.

The last review of the troops. From my vantage point in the back of a World War II jeep that was polished and bright, I saw the array of people and troops. My eyes were clouded and my heart was full. The stands were full and there were baby carriages and blankets spread to and fro under the trees and around the field. I paused as my thoughts took me to scenes of Bull Run and how the town people came out to see the event. I was so proud that so many cared. Fitzsimons would not be entombed cold and alone.

The National Anthem, the awards, the retirements were all very grand.

Then with a precision that only a Command Sergeant Major can make — the flags silently moved, were rolled and encased. They moved from the field in silence as we all choked. Some new flags were unfurled and few realized what happened in such a short time but 78 years of history was closed and **THAT'S THAT!** It had become hot. The speeches were short. The silences long and the feelings indescribable. **It was over!**

This great institution will live in the hearts and minds of countless thousands of people who were born here, treated here, trained here, or served here. Their contributions are now the contributions of a great institution now silent. The people who made Fitzsimons what it was will never be forgotten. I hope that the memories that are provoked by this historical book will cause warm reflection of great people and a great institution.

(Editor's note: Photos from the inactivation ceremony appear on page 71.)

The Command Sergeant Major



CSM Roger Smith

The Enlisted Soldier-Medic of Fitzsimons has, throughout this institution's grand and glorious existence, always been a vital part of the Army Medical Department's team. "To Conserve the Fighting Strength," has been our motto. The enlisted medic has always been there to support the professional health care providers whose task would have been much more difficult, if not impossible, without the enlisted medic standing along side for support and assistance.

Enlisted medics were here in 1919 as medical technicians, clerks, x-ray technicians, physical therapy

technicians and supply personnel. Medics were here to take care of our veterans returning from the World Wars, the Korean War, Vietnam and the Persian Gulf.

Fitzsimons has its share of heroes; some well documented, others who were and are heroes, in doing the day-to-day mission of taking care of the soldiers, sailors, airmen, marines, their family members and the retiree.

The soldier-medics of Fitzsimons also demonstrated they were proficient in being not only the best medics in the Army but also the best soldiers by competing at Company, Brigade, Installation,

and Major Subordinate Command levels in basic skills and military knowledge competitions, and winning. Fitzsimons' medics have excelled as Honor Graduates, being recognized on Commandant's Lists and receiving Leadership Awards from numerous Army schools.

The enlisted soldiers of Fitzsimons have always risen to the "Call of Duty." Whether it was a "No Notice" deployment or responding to a tasking from a higher headquarters, they were there! With the downsizing and eventual closure of Fitzsimons, the Enlisted Sol-

dier is demonstrating diversity by moving from the role of health care into that of logistician, accountant, and/or auditor, among others. They are and will continue to be a vital part of the grand and glorious history of Fitzsimons even to the day the gates close for the last time as an Army Installation.

To the soldier-medics of Fitzsimons Army Medical Center, I salute you for your professionalism, caring, and "For Being All You Could Be." You made Fitzsimons what it was and what it is today.

The Army Surgeon General



LT General Alcide M. Lanoue

In early June, I participated in the ceremonies that celebrated and honored the 78 years of distinguished service Fitzsimons Army Medical Center provided to generations of Army families.

Since its founding in 1918 as U.S. Army Hospital No. 21, this great and proud facility has treated wounded soldiers, airmen, and sailors from World Wars I and II, Korea, Vietnam, and Desert Storm. The current building was dedicated on Dec. 3, 1941, just four days before the attack on Pearl Harbor. Thus began a long tradition of "Being There" when needed for countless service members and their families.

Fitzsimons' inactivation on June 8, 1996 closes one chapter of the facility's history as an Army medical center, but I am convinced that it is not the end of story of this prestigious institution.

Just as the Army and the AMEDD are transforming themselves in tandem to meet the new demands and expectations of the 21st Century, Fitzsimons is also changing itself to accommodate a new environment. It's not absolutely clear exactly what kind of institution will evolve from the transformation, but I am convinced that a new, and perhaps improved, facility will emerge from the process like the legendary phoenix.

One of the reasons that I am so optimistic about the rebirth of Fitzsimons is the determination of the staff and the overwhelming support of the local community. I had the privilege of meeting the Honorable Paul Tauer, the mayor of the City of Aurora, and several other distinguished officials from the Aurora and Denver areas. It is crystal clear that they have the intelligence, determination and team spirit to achieve their goal of making Fitzsimons an integral part of a new health-care organization in collaboration with the University of Colorado Medical School and the Department of Veterans Affairs.

Although the details are not finalized, I am confident that something good will come out of these efforts. Fitzsimons was originally established because of the hard work and determination of the Denver civic community, which raised money for the land for the hospital in an incredible four-day fund-raising drive.

The same civic determination that opened the hospital in 1918 is still alive today. And that is perhaps the most dramatic testimony to the love and respect that Fitzsimons has earned over its lifetime of caring beyond the call of duty.

The Leaders



Dr. (Col) Carolyn D. Randle
Deputy Commander



Col. Van R. Booth
Chief of Staff

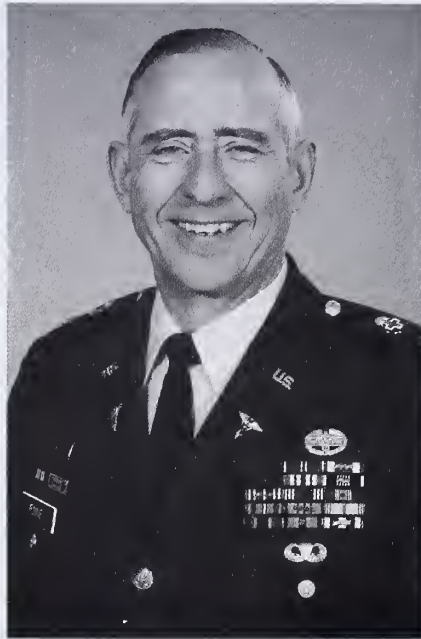


Dr. (Col.) Arlene Zaloznik
Deputy Commander 1995- Jan. 1996

Deputy Chiefs of Staff



Col. Carolyn D. Randle
Clinical Services



Lt. Col. William Finney
Resource Management



Lt. Col. Ronnie L. Rahm
Integrated Installation Support



Col. John M. Bull
Readiness Operations



Col. Joseph C. Crain
Personnel



Col. William Mantia
Regional Health Services
Operations

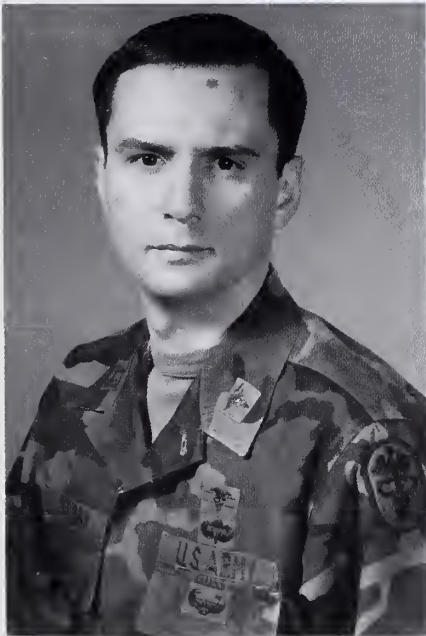
Medical Center Brigade



Col. James E. Crissey
Brigade Commander



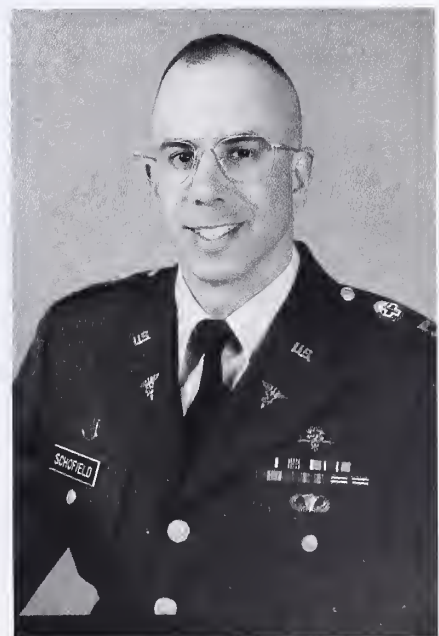
CSM Bernard G. McCartney
Brigade Command Sergeant Major



Capt. William M. Stubbs
A Co. Commander



Capt. James C. Boxmeyer
B Co. Commander



Capt. Matthew J. Schofield
Student Commander
Med. Hold. Commander



First Sgt. Efrain Cornier
A Co. First Sgt.



First Sgt. Randall C. Orndorff
B Co. First Sgt.



First Sgt. Percy W. Bell, Jr.
Student Co. First Sgt.



First Sgt. Richard Martinez
Med Hold First Sgt.

Past Commanders



Lt. Colonel William P. Harlow (Aug. 27, 1918 - Jun. 14, 1919)



Colonel Howard J. Johnson (Jun. 15, 1919- Dec. 23, 1919)



Lt. Colonel Calvin D. Cowles (Dec. 24, 1919- Mar. 18, 1920)



Colonel Henry Page (Mar. 19, 1920- Sept. 24, 1920)



Lt. Colonel William H. Moncrief (Sept. 25, 1920-Aug. 25, 1923)



Colonel Paul C Hutton (Aug. 26, 1923- Sept. 30, 1929)



Colonel Paul S. Holloran (Oct. 1, 1929- Apr. 26, 1931)



Colonel Earl H. Bruns (Apr. 27, 1931- Jul.31, 1931)



Colonel Carroll D. Buck (Aug.1, 1931-Jun 30, 1940)



Colonel Frederick S. Wright (Jul. 1, 1940- May 28, 1942)



Brigadier General Omar H. Quade (May 29, 1942- Aug. 31, 1948)



Brigadier General Edwi. H. Roberts (Sept. 1, 1948-Apr. 1, 1950)

Past Commanders



Colonel Howard W. Doan
(Apr. 2, 1950-May 15,
1950)



Brigadier General Harry
D. Offutt (May 16, 1950-
Aug.31, 1951)



Brigadier General Paul I.
Robinson (Sept. 1, 1951-
May 16, 1954)



Major General Martin E.
Griffin (May 17, 1954-
Feb. 28, 1958)



Colonel Wendell A.
Weller (Mar. 1, 1958-
May 12, 1958)



Major General John F.
Bohlender (May 13,
1958-Sept. 11, 1960)



Major General Carl W.
Tempel (Sept. 12, 1960-
Aug. 31, 1962)



Major General Clinton S.
Lyter (Sept. 1, 1962- Feb.
28, 1966)



Major General Robert E.
Blount (Mar. 1, 1966-
Aug.1, 1968)



Major General Byron L.
Steger (Aug. 2, 1968-
Jul.31, 1969)



Major General James A.
Wier (Aug.1, 1969- Aug.
31, 1976)



Major General Kenneth
R. Dirks (Aug. 31, 1976-
Oct. 15, 1977)

Past Commanders



Colonel Joseph H. Baugh
(Oct. 14, 1977- Dec. 18,
1977) (Mar. 24, 1980-
Jun. 2, 1980)



Brigadier General Philip
A. Deffer (Dec. 19, 1977-
Jun. 30, 1979)



Major General Raymond
H. Bishop, Jr. (Jul. 2,
1979-Mar. 24, 1980)



Brigadier General William
R. Dwyre (Jun. 2, 1980-
Sept. 22, 1983)



Colonel Alphonse C.
Gomez (Sept. 22, 1983 -
Oct. 3, 1983)



Brigadier General Philip
K. Russell (Oct. 3, 1983-
Apr. 2, 1986)



Brigadier General Thomas
M. Geer (Apr. 2, 1986-
Jun. 20, 1988)



Colonel Harry S.
Spaulding Jr. (Jun. 20,
1988-Aug. 23, 1988)



Brigadier General Thomas
E. Bowen (Aug. 23, 1988-
May 28, 1993)



Colonel Thomas A.
Verdon, Jr. (May 28,
1993- Dec. 6, 1993)



Brigadier General John S.
Parker (Dec. 6, 1993-Jun.
8, 1996)

First Lieutenant William Thomas Fitzsimons



Fitzsimons Army Medical Center was named in honor and memory of First Lieutenant William Thomas Fitzsimons, Medical Officers' Reserve Corps, the First American officer to die as a result of enemy action in World War I.

Born April 18, 1889, in Burlington, Kansas, young Fitzsimons attended Kansas City schools and received his Bachelor of Arts degree from the University of Kansas at Lawrence in 1910. He received his Doctor of Medicine degree in 1912 from the Kansas University Medical School.

When the U.S. entered the World War, the young doctor was called to active duty. Volunteering for overseas duty, he left Kansas City

June 14, 1917, and was one of the first American medical officers to arrive in Europe. He was assigned to U.S. Army Base Hospital No. 5, which was attached to the British Expeditionary Forces near Dannes-Camiers, France.

On the evening of September 4, 1917, Lt. Fitzsimons and a friend had just returned from dinner when the two agreed that the clear, cloudless night was just perfect for a bombing attack. Less than five minutes later, about 11 P.M., an aerial bomb struck Fitzsimons' tent, killing him instantly. He was 28 years old at the time of his death.

He was buried the following afternoon with full military honors in the British cemetery at Etaples

along with three enlisted men who were killed in the bombing attack. His body was later moved to the U.S. Cemetery at Bony-Aisne.

Less than a year later, the hospital which was to bear his name was established, and on July 1, 1920, the hospital became known as Fitzsimons General Hospital by direction of the War Department.

In 1955, PFC Albert T. Beinar was commissioned to paint a portrait of Lt. Fitzsimons. He had the honor of having his painting unveiled by Mamie Eisenhower, wife of President Dwight Eisenhower. Mrs. Eisenhower dedicated the painting as a tribute to the devotion and patriotism of all Medical Corps members.



Lt. Fitzsimons (standing center, behind Army officer) with Red Cross doctors in England.



Fitzsimons Portrait Dedication: pictured from left to right: Col. Carroll Buck, Mrs. Buck, Brigadier General Omar Quade, Mrs. Quade, Mrs. Griffen, Mrs. Eisenhower, Maj. Gen. Martin Griffen (FGH commander)

History at a Glance

1500's	Pawnees control South Platte Valley north of the Platte river Jicarilla Apaches control land between South Platte and the Arkansas rivers
1540	Francisco Vasquez de Coronado's expedition gave Spain claim to the entire Great Plains
1700s.	French traders violate Spanish claim and infiltrate area Comanche and Ute alliance drive Apaches southward
1800	French acquisition of Louisiana Territory Kiowa and Comanche share grounds south of the Arkansas River after being pressured southward by incoming Arapaho and Cheyenne
mid-1800s	Sioux tribes used northeastern Colorado hunting grounds
1803	United States acquires land in Louisiana Purchase
1804-1820s	Trappers and traders spread information about the area
1806	Zebulon Pike's expedition of central Rockies to survey newly acquired land
1810	Pike publishes his account of the expedition, land west of the Mississippi River was described as "sandy deserts"
1820	Major Steven Harrimon Long expedition of South Platte River basin, the "Great American Desert"
1840	Buffalo robes replace beaver pelts as main article of western fur trade
1858	William Green Russell discovered gold at Dry Creek
1859	Earliest attempt at irrigation by David Wall
1860	Brantner Ditch in Adams County constructed
1861	Congress established the Colorado Territory The Treaty of Fort Wise offered Arapahoes and Cheyennes reservation land in eastern Colorado
1862	Congress chartered the Union Pacific Railroad to construct the eastern link of the transcontinental railroad
1864-65	Overland Trail closed due to Anglo/Native American conflicts
1867	Two treaties signed at Medicine Lodge, Kansas attempted to established Anglo peace with the Kiowa, Comanche, Apache, Arapaho, and Cheyenne
1869	Battle of Summit Springs ends Anglo/Native American conflict
1870	Completion of Kansas-Pacific railway from Kansas City westward and the Denver Pacific railway connecting Cheyenne and Denver

1876	Colorado's admission to statehood Federal government transferred land, earlier reserved, to Colorado including section 36 which included the Fitzsimons area
1889	Donald Fletcher, Thomas S. Hayden and Samuel Marsten Perry platted the Aurora Subdivision
1891	Town of Fletcher (Aurora) incorporated
1893	Colfax Electric Railway connects Denver with Aurora
1895	Section 36 sold at public auction to numerous buyers
early 1900s.	Denver Civic and Commercial Association campaigns Denver area as ideal for tuberculosis hospital to officials in Washington
1901	Gutheil Park Subdivison became home to Gutheil Nursery
1902-1918	Buyers of Section 36 acquire land patents
1907	Town of Fletcher becomes Aurora
1917	U. S. entered World War I Colonel George E. Bushnell sent to Colorado to inspect sites for recuperation camp
Feb. 1918	War Department recommended to Congress \$500,000 be expended on construction of the Denver hospital
Apr. 1918	Ground broken for the new hospital, Army General Hospital No. 21
Oct. 13, 1918	Hospital opens
1919	Hospital grounds construction completed
1920	War Department redesignated the new facility Fitzsimons General Hospital in honor of 1st Lieutenant William T. Fitzsimons
1926	Fitzsimons radio station KEUP
1929	Chamber of Commerce and federal government sign 999 year lease at \$1.00/year and land reverts to Chamber of Commerce if abandoned by government
1933	Surgeon General R. U. Patterson sent radiogram stating Fitzsimons would be abandoned and all patients transferred Congressman Lawrence Lewis led arguments to keep Fitzsimons open
Nov. 1934	Congress approved funds to keep Fitzsimons open
1935	Surgeon General Patterson again recommends closure Congressman Lewis countered closure proposal War Department allocated funds for new construction and grounds improvement for Fitzsimons
Oct. 1936	President Roosevelt visits Fitzsimons and vows to maintain the hospital
1937	Full title to the land was implemented ordering transfer of the title from the Chamber of Commerce to the government of the United States

1938	\$3.75 million approved for new hospital construction
Jan. 1939	Construction began on new hospital
Dec. 1941	Hospital dedicated by Congressman Lewis First patients from World War II arrive
1942	Prisoner of War camp for Italian, anti-Nazi Germans, few Japanese
1944	Women's Army Corps members arrived August 11, three members of the Japanese Navy prisoner patients attempted to commit suicide. Several weeks later they were shot to death in a prison ward riot.
1947	Prisoner of War camp razed
1948	Fitz was one of the first hospitals to use Streptomycin to treat tuberculosis
1950	Fitzsimons General Hospital renamed Fitzsimons Army Hospital Hospital unit from Fitzsimons stationed in Japan, 279th General Hospital, welcomed patients from the Korean front Pre-school and kindergarten opened
1952	Hospital 8th floor auditorium named for COL George E. Bushnell
1953	Fitzsimons was chosen to perform clinical research on dextran, which was considered a plasma substitute Korean prisoners of war treated at Fitzsimons First class of Advanced Medical Technicians graduate Establishment of three departments; Medicine, Surgery, and Neuropsychiatry
1954	Microfilm books were flashed on the ceiling for patients who weren't able to use their hands Four Fitz. medical men went to China as consultants in the treatment of tuberculosis
1953-1961	Six temporary barracks and recreational buildings were leased to Adams-Arapahoe School District No. 28 to be used as a junior high school
1955	Facility was annexed to the city of Aurora Hypothermia, as an anesthetic technique, was used in heart operations Nutrition lab tests irradiated foods New chapel opened Fitzsimons Credit Union opened Radioisotopes used in the diagnosis and treatment of disease
late 50s	Fitz was known world-wide for treating systemic coccidiomycosis (Valley Fever), a disease caused by a fungus from the soil
1959	First class of Advanced Medical Specialists graduate Fitz. doctor pioneers new surgical technique to repair an exstrophy of the bladder Telephone dialing goes to 5 digits at a cost of \$150,000 Radiology service installed a revolutionary X-ray machine for cardiac examinations
1960	Fitzsimons Army Hospital renamed Fitzsimons General Hospital Radiology service installed new machine which could process X-ray film in 7 minutes 1,057th TB patient received travel orders for duty Fitz. blood bank aligns with the American Association of Blood Banks

- 1961 Hospital services were expanded to include neuropsychiatry, obstetrics, pediatrics, and radiology
 Full preventive dental health program started
 New Department of Hospital Clinics began
 Three Fitzsimons doctors help with the man in space program
 Fitzsimons assumes inpatient and outpatient care for Air Force members and families
 First Lowry long-term patients sent to Fitz. in phase-out of Lowry hospital
- 1963 The new canteen on the ground floor of Building 500 opened.
 Soldiers from Fitzsimons carried the 50 state flags in the May 12th Armed Forces Day parade
 at Lowry Air Force base. The theme was "Power For Peace".
- 1964 Indian Health Service nurses train at Fitzsimons for the first time.
 Fitzsimons soldiers were instrumental in forming a volunteer fire department in the Sable-Altura area
 east of the hospital
- 1966 CBS News team filmed TV show of Fitzsimons, including a feature on Sgt. Bill Floyd who had been
 medically evacuated from Vietnam
- 1967 Amputee ski program joined with Children's Hospital
 Inhalation therapy clinic opened as a subsection of the non-TB section of the
 Pulmonary Disease Service
- 1968 Fitzsimons gears to accept Vietnam casualties
 TB control is computerized
 First Teaching Chiefs' Conference
- 1969 First military and Denver area hospital to adopt the "unit dose" system for drug dispensing
 \$99,000 malignant treatment machine installed which enabled patients to receive radiological therapy
 Cleft Palate Clinic established, the 4th such clinic at military hospitals
- 1970 Ground breaking for the new home of the optical lab and medical maintenance school
 Symbol for "Operation Parent Lift" created by Pat Oliphant, who later became a nationally syndicated
 editorial cartoonist
- 1971 Drug dependency program began for returning Vietnam veterans.
 Ann Gilmore Dye, Miss Anne, was honored for 47 years of devoted service to Fitzsimons.
- 1972 Former railroad right-of-way extending north of Fitzsimons Army Medical Center was conveyed to
 the City of Aurora for park purposes and land along the south entrance was conveyed to the
 Colorado Highway Department
 First Army hospital to obtain an Argon Ion Laser Photocoagulator which was used in treating some
 eye problems
 Deactivation of the 47th General Hospital which was a 1,000 bed unit for emergency preparedness
- 1973 Hospital redesignated Fitzsimons Army Medical Center
 Fitzsimons set to care for liberated Vietnam returnees
 New Outpatient Clinic opened in Bldgs 408-409
 First WACs in medical maintenance course
 Fitzsimons took over the Rocky Mt. Arsenal dispensary
- 1974 129-man barracks were constructed, six temporary buildings disposed
 First WAC joined post MPs
 Ann Dye Community Center dedication, formerly the Patient's Recreation Hall
 Nutrition Lab moved to Letterman Army Institute of Research
 Readiness Region VIII moved to Fitzsimons from the Rocky Mt. Arsenal

1975	Post Exchange and Auto Hobby Shops were completed New Post Exchange opened June 19, cost \$1.3 million Fitzsimons volunteers participated in Operation Baby Lift -500 infants and children were flown from Vietnam to Denver
1976	Officers' Club Pub opened May 14 First open house for Army retirees-draws more than 700 participants FAMC barracks go coed
1977	TB ward was closed
1979	\$3.75 million CT scanner delivered in March
1980	Reserve Training Center was built Channel 9 Health Fair \$1.4 million McWethy USAR Center dedicated April 12 First Army medical center to have a full time civilian home nursing services coordinator
1982	Shopping carts for the handicapped debut at the commissary Camp Ireland, located near Indian Hills, was a satellite of Fitzsimons Disabled horseback riders perform for Princess Anne First pediatric patient put on continuous ambulatory peritoneal dialysis (CAPD) Blizzard in December stranded many workers
1983	Animal Housing Facility was added \$195,000 Flow Cytometer acquired, laser beam aids cell research
1984	Two new barracks were erected
1985	Linear accelerator facility was constructed as an addition to the main hospital building AIDS research began
1989	Fitzsimons Army Medical Center removed from Base Closure studies Operation Just Cause, 32 FAMC soldier medics deploy to Gorgas Army Hospital, Panama in December
	New Discharge Pharmacy opened aimed at improving therapeutic outcomes
early 1990's	Hospital was placed back on closure studies Operation Desert Shield FAMC soldiers deploy and the Fitzsimons staff mobilizes to assist families Nursing shortage Magnetic Resonance Imaging equipment acquired
1992	Prospects good to begin new hospital
1993	Fisher House, Credit Union, Child Development Center, and Burger King were completed
1995	Hospital slated for closure by the Base Realignment and Closure (BRAC) decisions
1996	Fitzsimons Army Medical Center inactivated June 8



The History of Fitzsimons Army Medical Center

by R. Laurie Simmons, M.A.

(Editor's Note: The above photo is a laser reproduction of an original water color by Kimberly Beaulieu. She was commissioned to do the painting for the Department of Radiology while working as a radiology technologist at Fitzsimons from 1994-1996.)

Fitzsimons Army Medical Center, originally General Hospital No. 21, was erected on the plains east of Denver in the closing months of World War I. The hospital's specific mission was to care for the growing number of veterans suffering from tuberculosis and respiratory diseases resulting from battlefield conditions during the war. The establishment of the hospital was viewed as a triumph for the local community, which had waged an intensive campaign to secure the facility. For the Army, the post represented the expansion of military services attendant to the war and the recognition of the beneficial effects of Colorado's climate on those afflicted with tuberculosis. In composition, the hospital buildings embodied the latest medical philosophies regarding the treatment of the disease, as well as an overall architectural style popular during the period, the Mission Revival style.

The history of the hospital reflects the development of military medicine nationwide, as the post was faced with reduced funding during the economic depression of the 1930s and an unprecedented period of expansion during World War II. The hospital played a significant role pioneering new forms of care and treatment for tuberculosis and in training specialists in the field. The installation served as a major center for general medical treatment during World War II, during which the built environment of the post expanded to include an enlisted technicians' school, facilities for members of the Women's Army Corps, and a prisoner of war camp. Following the war, the installation continued to provide expanded services, providing treatment for casualties of the Korean and Vietnam wars.

Exploration and Fur Trade 1700-1845

The earliest recorded European explorers in northeastern Colorado were the Spanish, whose expeditions reached the Great Plains in the



Newly constructed wards, 1919

1540s. Motivated by the example of Cortez, as well as tales of "Cibola," the legendary seven cities of gold, the Spanish organized numerous expeditions to explore the uncharted regions of the West. In 1540, Francisco Vasquez de Coronado led an expedition which traveled northward from Mexico into the Great Plains. Although Coronado never found cities of gold, his expedition became the basis for Spain's claim to the entire Great Plains, including most of northeastern Colorado.

In the early 1700s, other Europeans, particularly the French, were reportedly violating Spanish claims to the area by trading with the Native Americans. In 1720, Pedro de Villasur led a military expedition into northeastern Colorado to discourage French infiltration. After Villasur and his party were killed by Pawnees, French activity in the region increased.

In 1803, northeastern Colorado, including the land which comprised Fitzsimons Army Medical Center (FAMC), became part of the United States through the purchase of the Louisiana Territory, that vast region drained by the Mississippi River. The French had reacquired the Louisiana Territory from Spain in 1800 through the Treaty of San Ildefonso. Although the Louisiana Purchase nearly doubled the size of

the United States, the boundaries were vague. The southern boundary of the territory was disputed by Spain, a situation which led to some conflict with the United States. Finally, in 1819, the Adams-Onís Treaty established the southern boundary of the Louisiana Territory at the Arkansas River.

In order to delineate the boundaries of the Louisiana Territory, as well as to determine what resources were to be found within the region, government-sponsored expeditions were soon sent forth to survey the newly-acquired land. Among the most important of these expeditions were Zebulon M. Pike's explorations of the Central Rockies and Southwest. In 1806, Pike journeyed westward from Belle Fontaine near St. Louis. When Pike reached the Arkansas River, he sent some of his men southward to explore the Red River region while he continued westward into what is now northeastern Colorado. While looking for the headwaters of the South Platte River, Pike discovered the mountain peak that would later bear his name, Pike's Peak. Pike's party was eventually captured by Spanish troops who were patrolling the borderlands. In 1810, following his release, Pike published his account of the expedition. Pike's report, which greatly advanced

knowledge about the American Southwest, described the land west of the Mississippi River as being unsuitable for agriculture. Pike's view of the Great Plains as "sandy deserts" influenced settler's perceptions of the region for many years to come.

Following Pike's expedition, the next official government survey into northeastern Colorado was led by Major Stephen Harriman Long in 1820. Traveling westward along the South Platte River, the Long expedition explored the area where the river flows from the mountains, near the future site of Denver. Accompanied by a team of scientists, Long supplied the first detailed account of the South Platte River basin. Like Pike, Long also contributed to the myth of the West as an uninhabitable area, the "Great American Desert."

In the decades that followed, several more American explorers investigated northeastern Colorado. Chief among these were the explorations of John C. Fremont, who made five expeditions between 1842 and 1854. The widely-published reports of Fremont, who was popularly known as "The Great Pathfinder," further increased American interest in the frontier. In 1843, during his second expedition, Fremont passed through present-day Adams County, where he visited an Arapaho village.

The acquisition of the Louisiana Territory also encouraged private citizens to explore the new land, particularly trappers and traders who followed waterways across the plains toward the mountains in search of beaver and other fur-bearing animals. A French Creole trader, Baptiste La Lande, arrived in northern Colorado in 1804. The following year, James Purcell and a small band of hunters also trapped in the Rocky Mountains west of the South Platte River basin. During the 1820s, when beaver hats became fashionable in Eastern markets, there was an even greater influx of fur-trappers into the area. Among them were James Ohio Pattie, Andrew Sublette, and Louis Vasquez.

By 1834, Vasquez had established Fort Convenience at the mouth of Clear Creek in present-day Adams County. Other forts in the area included Fort Vasquez (No. 2), Fort Lancaster (later known as Fort Lupton), and Fort St. Vrain.

Although few trappers and traders became permanent settlers in northeastern Colorado, their travels spread information about the region, including reports of gold discoveries. In addition, their routes of travel into the mountains became established trails. By 1840, buffalo robes had replaced beaver pelts as the main article of western fur trade. Unlike beaver pelts, buffalo robes were too bulky to be carried by pack animals or boat. They had to be hauled by wagon, and this traffic brought the first wagon trains into northeastern Colorado.

The Colorado Gold Rush Early Trails, and Transportation: 1858-1870

In 1858, a party of Georgians led by William Green Russell discovered a small amount of gold at Dry Creek. The news of this discovery brought forth an influx of gold-panning prospectors, many of whom had also followed the California gold rush of 1849. In 1859, when three large lode claims were made in what would later become Gilpin, Clear Creek, and Boulder Counties, people from across the United States were lured to the region by the promise of gold. Many of these gold-seekers settled in the area permanently. These new settlers brought with them a desire for organized government and, in 1861, Congress established the Colorado Territory. In the same year, the territorial legislature created seventeen counties, including Arapahoe County, from which Adams County would be created in 1902.

It has been estimated that as many as 100,000 gold seekers set out for Colorado in 1859. Although probably less than half of that

number reached the Pike's Peak area, the influx of prospectors, merchants, and promoters quickly transformed the fledgling settlement of Denver into an important regional center. The city also became a major destination point for emigrant and stage routes. At least nineteen emigrant guidebooks were published between 1858 and 1859, each of which advised prospective settlers on the best routes to Denver and the gold fields.

Westward-bound travelers could choose one of three major routes to Denver, all originating on the Missouri River between St. Joseph and Kansas City. The northern route was the South Platte Trail, which followed the old Oregon Trail westward along the Platte River. At Julesburg, Colorado, the trail branched along the South Platte River into Denver. The southern route to Denver followed the Santa Fe Trail along the Arkansas River, and then traveled northward along the historic Cherokee Trail to Cherry Creek.

The central route, the shortest to the gold fields, was the Smoky Hill Trail, which ran approximately one-and-a-quarter miles south of the present site of Fitzsimons. The Smoky Hill Trail was the most recent path created and, because it crossed arid plains, the most dangerous. Water was scarce, and the trail often became several miles wide as travelers wandered in search of food. Numerous acts of starvation and cannibalism were reported along the trail, earning it the nickname "the Starvation Route".

Beginning in Leavenworth, Kansas, the Smoky Hill Trail ran along the Kansas River, then followed the fork of the Smoky Hill River to Old Cheyenne Wells, Colorado. In Colorado, the Smoky Hill Trail divided into three branches. The routes of these trails varied, following high ground in wet weather and valley roads when it was dry. As such, the trails could wander over an area several miles wide. The Middle

Smoky Hill Trail, the oldest of the three branches, approximately parallels the route of today's Smoky Hill Road. The Smoky Hill South intersected with the Cherokee Trail near the present site of Parker. The Smoky Hill North split off from the Middle Smoky Hill Trail and entered Denver from the east. The Smoky Hill North eventually replaced the Smoky Hill South, which last operated as a stage line in 1866. An unidentified early trail is mapped by Glenn R. Scott as passing through the northwestern corner of Fitzsimons from the east before connecting to the Smoky Hill North Trail. This trail may have been one of the variations of the main trail used during extremes of weather.

The Smoky Hill North also served as the route of the Fort Morgan Cut-Off of the Overland Stage Line. The stage line, which followed the South Platte River Trail, forked at Fort Morgan, Colorado, and a branch of the line connected with the Smoky Hill North Trail leading into Denver. Known as the Fort Morgan Cut-Off, this branch of the Overland Stage Line traveled in a southwesterly direction across Adams County, following Bijou and Kiowa Creeks. At Living Springs, the cutoff divided into two forks, one leading to the Kiowa stage station, the other to the Box Elder station near Watkins. The Toll Gate Overland Stage station was located on the north side of Toll Gate Creek, approximately one mile southeast of Fitzsimons grounds.

In 1862, Congress chartered the Union Pacific Railroad to construct the eastern link of the transcontinental railroad. Denver was severely disappointed when the planned route bypassed the city, favoring instead a northern path through Cheyenne. The community realized that its viability rested on securing rail connections to the East, and prominent businessmen, such as William Evans initiated plans to promote and develop local railroad projects. In 1870, the Kansas Pacific building westward from Kansas City, and the

Denver Pacific, connecting the main tracks at Cheyenne to Denver, were both completed, ending the isolation of northeastern Colorado. The arrival of the railroads ushered in a period of prosperity and growth for the Denver area. The tracks of the Kansas Pacific (later the Union Pacific) ran approximately one mile north of Fitzsimons.

Native American Interaction: 1700-1869

By the mid-1800s, several successive groups of Native Americans had utilized northeastern Colorado for hunting and camping. By the 1500s, the Pawnees controlled much of the South Platte Valley north of the river, while the Jicarilla Apaches controlled the land between the South Platte and the Arkansas. During the early 1700s, incoming Comanches and their allies, the Utes, drove the Apaches south. The Utes were a mobile society of hunters who eventually occupied most of the western slope and controlled the mountain passes. During the 1800s, the Kiowa allied with the Comanches and shared their hunting grounds south of the Arkansas River after being pressured southward by incoming Arapaho and Cheyenne. One of the first reports of Arapahoes and Cheyennes on the eastern plains was offered by the Long expedition in 1820. From the early 1800s, most of eastern Colorado north of the Arkansas River was occupied by the Arapahoes and the Cheyennes. The Sioux also used northeastern Colorado as hunting grounds during the mid-1800s.

Denver is situated where the high plains intersect the base of the mountains. This area was utilized as a hunting ground by several groups of Indians, but none had a strong hold on it. Since none of the tribes dominated in this strip of land, none offered as much resistance to Anglo settlements in this locality as in other parts of the state. When trapper

Rufus B. Sage traveled through the present site of Adams County in 1842, he encountered an encampment of Arapaho Indians who were on their way to the mountains to hunt game. Sage found that the Arapahoes "maintained terms of the strictest friendship...with the whites."

The Pike's Peak gold rush, the immigrant trails, and the coming of the railroads had a profound effect on Colorado's Native American populations, including those who lived in what now comprises the greater Denver metropolitan area. As gold seekers and immigrants moved westward in increasing numbers, the Indian tribes of northern Colorado found their traditional way of life disintegrating. New trails and tracks disrupted the Indians' territorial grounds, buffalo and other wildlife were killed or driven away, and new towns were established on land that, by treaty, belonged to Native Americans.

The 1860s were a time of great conflict between Colorado's Anglo and Native American populations, particularly on the plains. While the trappers and hunters had coexisted with the Native Americans, the prevailing sentiment of the new settlers was one of manifest destiny, that the Indians were doomed to vanish before the march of civilization. The Treaty of Fort Wise (1861), which offered the Arapahoes and Cheyennes a reservation in eastern Colorado, was followed by numerous clashes between the Indians and the military. During 1864 and 1865, Indian raids along the South Platte were so frequent that the overland trails were closed, and Denver was often cut off from communication with the East. In 1867, two treaties signed at Medicine Lodge, Kansas, attempted to establish peace with the Kiowas, Comanches, Apaches, Arapahoes, and Cheyennes. The Battle of Summit Springs in 1869 marked the last battle against the Plains Indians in Colorado.

High Plains Irrigation and

Farming to 1900, Post 1900 Agriculture, and Residential Development to 1917

The earliest attempts at agriculture in what would become Colorado were started as subsistence activities at trading posts or by retired mountain men who became permanent settlers. The gold rush stimulated agricultural production as the growing populations of mining camps presented new markets to be exploited. In addition, the rush of people into the area encouraged the establishment of ranches along the trails to sell food to travelers and provide feed for the animals used in travel. Many veterans of the California gold rush came to the area to supply provisions to the mining camps, acquiring wealth by offering goods and services rather than by extracting metal. In this manner, agriculture on the northeastern plains quickly changed from a subsistence to a commercial venture.

The earliest farmers settled along and near sources of water, which could provide moisture for crops. As these choice lands were taken up quickly, latecomers were forced to select less desirable acreages further from available water supplies. Most early farmers realized that successful operations on these dry lands, which received an average of twelve to sixteen inches of rain a year, would require the introduction of drought resistant crops or irrigation systems. One of the earliest attempts at growing irrigated vegetables in the region was made by David Wall, who dug a ditch to supply water to his farm near Golden in 1859. The Brantner Ditch in Adams County was constructed in 1860. In subsequent years, many individuals and small groups of farmers attempted to build and maintain irrigation systems to support agricultural endeavors. These efforts were somewhat successful in providing water for small



operations, but it would take the expertise and capital of large companies to construct the major water systems required for extensive irrigated farming of the plains.

The railroads also served as land promoters, selling their land grant acres in order to obtain the necessary money to continue their construction. The alternate sections of land granted the railroads by the federal government were sold to settlers at attractive rates. The railroads also encouraged settlement by offering discount fares for farmers and their supplies, and they constructed branch lines which led to the agricultural regions of Colorado. The railroads promoted their services and lands through extensive advertising of the agricultural acreages available, and they became a major influence in the resulting settlement of the plains.

The Kansas Pacific Railroad, which merged with the Union Pacific Railroad in 1880, began a concerted effort to develop its land grants near Denver in 1879. Under the direction of Jay Gould, the railroad, which ran approximately one mile north of FAMC, endeavored to interest

developers in establishing an irrigation system on the lands, thereby making them more attractive to farmers. With capital supplied by the Platte Land Company, the Colorado Mortgage and Investment Company purchased lands from the Kansas Pacific Railroad and began developing a canal. The Northern Colorado Irrigation Company, a subsidiary of the Colorado Mortgage and Investment Company, built and managed the venture. The High Line Canal, which ran near the western edge of the site of Fitzsimons Army Medical Center, began in Platte Canyon and ran over eighty miles through the eastern plains. Although the system advanced settlement in the area, the High Line Canal never lived up to the original plans of its owners and was plagued by design flaws, weak water rights, and dry weather. In 1915, the City of Denver bought the system for urban use.

The arrival of the railroads, the availability of inexpensive public lands through the homestead acts, the boosterism of the state's Board of Immigration, the encouragement of land speculators, and the introduction of new technologies all led to the settlement of the farmlands of northeastern Colorado. In addition, a cycle of years with above average rainfall during the 1880s, and the popular belief that "rain follows the plow" led to a massive influx of farmers during the late 1880s and early 1890s. New towns sprang up in farming areas to service the sodbusters and older communities on the plains were revitalized by the surge of activity. A corresponding increase in the price of land resulted. Real estate entrepreneurs quickly established subdivisions in suburban areas and promoted the advantages of their developments. Soon, a network of roads and streetcar lines connected Denver's city center with the new residential areas which were platted adjacent to major roads to the city.

Among the developers active during this period was Donald Fletcher, a Denver real estate

promoter, who was president of the group which founded Fairmount Cemetery and who had extensive landholdings on the plains east of the city. Fletcher, along with Thomas S. Hayden and Samuel Marston Perry platted the Aurora Subdivision in 1889 and acquired lands both north and south of Colfax Avenue, the main street running east from Denver. In 1891, the three men incorporated the Town of Fletcher (Aurora) and began selling lots on the property they had accumulated.

In order to spur development and provide access to and from Denver to the residents of the new town, Perry and some associates incorporated the Colfax Avenue Electric Railway, which began operating in 1893. In an effort to ensure water needed for future growth, Donald Fletcher sold his East Denver Water Company to the new town. Unfortunately, the company was unable to provide all of the water needed, and the town was forced to acquire supplemental supplies. The Panic of 1893 led to a downturn in construction and real estate prices, and the community was hard hit by the economic crisis. Donald Fletcher broke his ties to the development during this period.

The community's salvation lay in its status as a service and supply center for the agricultural lands which surrounded it. The local farm economy began to recover in the late 1890s. The town of Fletcher, incorporated in 1903, changed its name to Aurora in 1907. World War I created a period of growth in agriculture which, in turn, brought even greater prosperity to Aurora. In addition, East Colfax Avenue increased in importance as a major thoroughfare and trolley transportation increased in volume. As automobiles became more popular, Colfax Avenue became a major route into downtown Denver and the popularity of the area as a residential center increased. One of the first federal roads in the area, U.S. 40, entered Denver along Colfax Avenue,



The new Post Exchange automobile Service Station was opened for business April 1929. The construction of the station began in December 1928 and was completed at a cost of \$4195.00, all financing being done entirely by the Post Exchange. The station consists of three sections -- grease room, filling station and oil storage room.

thereby ensuring the importance of the route.

Early Ownership and Development of the Site of Fitzsimons Army Medical Center: 1861-1917

Another early developer who established a subdivision on the plains east of Denver was Alfred H. Gutheil. Gutheil and associated investors conceived of a suburban community near the fledgling town of Fletcher. Although the residential development, Gutheil Park, was not a successful venture, the property was later to become significant as the site chosen by the government for U. S. Army General Hospital, No. 21.

"No. 21" later to become Fitzsimons Army Medical Center, in Adams County, Colorado, occupied all of Section 36, Township 3 South, Range 67 West, 6th Principal Meridian, except for approximately 45.2 acres in the northeast corner. Establishing the exterior lines of nearby townships in 1861, surveyor Joel E. Hendricks observed that Township 3 was "poor with the exception of Cole [sic] Creek Valley most of which is occupied by settlers and is first rate land." William Ashley, who surveyed section lines

within the township in 1865, noted that Coal Creek provided abundant fresh water and reported indications of workable coal along its banks. He concluded that the township had a large amount of "2nd rate land which would be fit for cultivation with proper irrigation and is also well adapted to grazing purposes." At the time of his survey he found settlement only in Sections 20 and 27.

Bureau of Land Management records indicate that Section 36 was reserved by the government and not opened to settlement. Upon Colorado's admission to statehood in 1876, the federal government transferred the land to Colorado by a State Grant. The 1888 U.S.G.S. map of the Denver area shows no roads within the Section 36. However, roads along its western, southern, and northern boundaries were present. Tracks of the Union Pacific Railroad are shown in the section to the north, as well as other roads running parallel to the tracks. Tollgate Creek is depicted running from southeast to northwest through the eastern side of the section.

The Colorado program for disposing of public lands did not require homesteading of lands. The land was sold at public auction. Successful bidders were issued certificates of sale and could pay for



Craft shop at Fitzsimons General Hospital-1925.

their land in semi-annual installments over 33 years. When fully paid, a patent was issued which served in lieu of a deed. Section 36 was sold by the state at public auction 5 December 1895. The section's land was patented between 1902 and 1918, as buyers paid off their certificates. By far the largest landholder in the section was C. E. Lovett, an investor, who paid \$8,809.15 for 384.1 acres, which were patented in 1911. Lilla B. Gutheil (wife of Alfred H.) of Denver, held 85.415 acres (patented in 1913, 1914, and 1918) and the Gutheil Park Investment Company owned 20 acres (patented in 1913). George C. Manley, a Denver lawyer, held 20 acres patented in 1918 and M. E. Lovett owned 18.298 acres patented in 1914. The remaining owners of land in the section, patented between 1902 and 1918, held ten acres or less: W. D. Fiske of Gila, Arizona; Charles H. Hayden of Denver (Tremont Grocers); Emil Desserich of Denver (a collector with American Wringer Company); William Gibbs Bailey of Denver (a clerk with J. A. Farrell); and Carrie M. Humphreys, Elizabeth Goddard, and Lucile Goddard Hewitt of Denver. A forty foot wide strip on the western and southern sides of the section was excepted from the patents for road purposes. Julia Frances Richardson of Denver owned the 45.165 acres in the northeast corner not included when the Army post was

created in 1918.

The plat of the Gutheil Park subdivision, which was comprised of all of Section 36, was recorded 6 December 1895 in what was then Arapahoe County. The subdivision was created by the Gutheil Park Investment Company, which was capitalized at \$100,000. Alfred Henry Gutheil was president and general manager of the company.

Gutheil was born in 1864, in Attenburg Thuringen, Germany. He came to the United States in 1880, living in Maryland, Ohio, Illinois, homesteading in Nebraska, and managing a stock ranch in Wyoming before settling in Denver in 1886. In 1888, Gutheil entered the real estate business and the following year, he bought and platted Gutheil Gardens, a subdivision on lands adjoining Gutheil Park on the east. Gutheil quickly disposed of his holdings in Gutheil Gardens to concentrate on Gutheil Park, where he established his residence. Gutheil served as Adams County judge from 1905-1909. He operated a nursery known as "Gutheil Gardens" after selling his Gutheil Park land for the site of the Army recuperation camp in 1918. Gutheil died in 1955.

The Gutheil Park development was divided into 240 blocks of land, plus the 45.165 acre tract in the northeast corner. The plat shows existing Denver streets extending east-west through the subdivision.

East End Boulevard (now Peoria) formed the western boundary of the subdivision, while Gutheil Avenue was the eastern limit. Seven north-south streets were platted in the interior: Lovett Avenue; Center Avenue; Baker Avenue; School Land Boulevard; Cummings Avenue; Magnolia Avenue; and Tollgate Avenue. The grid-pattern of planned streets divided the subdivision into 60 street blocks. Tracts of five or ten acres were offered for sale. As an added inducement for investment, the developers promised each tract would be plowed up and irrigation ditches extended to the parcel upon sale. Another bonus included free fruit and shade trees given to buyers.

The investment company reported that in 1897, about thirteen miles of shade trees were planted in the subdivision, and fifty acres of orchards were established. Several houses were built during the same period, including that of Gutheil. These improvements provided activity for both the real estate developers and the nursery supply business Gutheil had established to offer plantings for local residents.

The Gutheil Park subdivision is



Judge Alfred Gutheil established a subdivision to the east of Denver which became the site for General Hospital No. 21.



shown on the W. C. Willits Farm map of 1899 as a grid of streets. In reality, the interior streets of the development were probably never actually constructed, as the tract never flourished as a residential subdivision. At the time of its creation, it was relatively remote from business and commercial activity in central Denver. The western edge of Gutheil Park abutted the town limits of Fletcher, which was itself struggling. The Gutheil development was a mile east of the end of the trolley line from Denver at Galena and East Colfax. In 1899, the **Denver Times** reported that A. H. Gutheil and F. A. Joslin incorporated the Gutheil Park Railway Company with the intention of building a

streetcar line to provide access from the subdivision to the town of Fletcher. No evidence exists that the line was actually constructed.

In 1901, Gutheil Park became the home of another of the developer's ventures, the Gutheil Nurseries. Gutheil lived in a large, two-story residence called "Park Lodge," which served as the commanding officer's quarters at Fitzsimons until 1996. The nursery grounds were "situated on the open plains, an ideal location for producing the best and hardiest Nursery Stock possible." Irrigation water was required to make the plantings flourish on the dry plains, and the nursery had a supply from the High Line Canal and from the Antero

Reservoir. The West Branch of the High Line Canal crossed Colfax Avenue within two blocks of the nursery. Impressive brick and wrought iron entry gates stood at the southwest corner of the property at East Colfax Avenue and Peoria Street.

The nursery supplied homes in the Denver area with evergreens, deciduous trees, deciduous shrubs, roses, vines, hedges, ornamental grasses, herbaceous perennials, fruit trees, and vegetable roots. In a pamphlet about the nurseries, Gutheil wrote that "the evergreens are undoubtedly the most striking of our trees, even if planted singly, but are truly imposing in clumps or masses." Koster's Blue Spruce trees were imported from Europe in large numbers and sold by the nursery. The nursery boasted that "we are strictly growers of hardy and superior Colorado Stock, chiefly Shade and Ornamental, and must not be confounded with Denver 'Jobbers' and irresponsible agents, who by means of highly colored pictures, and other devices and misrepresentations, work upon the credulity and pocket books of unsuspecting people." The nursery was a pioneer in using hydrocyanic acid gas as a pesticide. Transplanted and imported stock was fumigated and the stock was shipped to the Denver market. If carloads were purchased, the Sable branch of the Union Pacific was used to transport the plantings.

The nursery gardens and associated park were regarded as a showplace by local residents and attracted many visitors. The development's pamphlet stated that "the Gutheil Park Nurseries are said to comprise the most beautiful grounds near Denver. We are continually adding new drives, lawns, and other attractive features of landscape gardening."



The Campaign for a Military Tuberculosis Hospital in Denver, 1917-1918

The United States entered World War I on 6 April 1917. By that date, the Allies, who had been involved in the monumental struggle since 1914, were desperate for manpower. Preparations for mobilization of America's forces had begun months before America joined the fight and the unprecedented expansion of facilities and manpower accelerated. Shortly after the first American troops landed in Europe, civic and commercial leaders in the Denver area began a campaign to encourage the construction of a military post in their city.

The Denver Civic and Commercial Association, forerunner of the Denver Chamber of Commerce, led the campaign to acquire a military facility for the Denver area. Governor Julius C. Gunther urged the group to visit Washington, D. C. to request the establishment of a training camp near Denver. Denver's

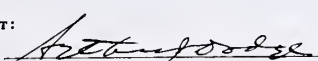
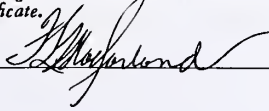
geographic position in the interior of the country caused the War Department to ignore it when establishing cantonments and when calling for contracts for munitions and supplies. One official, however, suggested that "Denver was the finest place on earth for a recuperation hospital."

Mobilization for the war required the expansion of medical facilities to provide care for many types of war-related casualties. Many soldiers returning from Europe in the early months of the war were found to be suffering from pulmonary diseases resulting from prolonged exposure in trenches, underground bunkers, and battlefields. The idea of attracting a military recuperation camp which would serve such casualties soon gained favor with Denver leaders. William G. Evans, a prominent member of the Civic and Commercial Association, suggested that if Denver could not obtain a cantonment, it might be more successful at attaining a recuperation camp for those suffering from pulmonary and respiratory ailments.

The climate of Colorado had

long been believed to be beneficial in the treatment of tuberculars. The cool, dry, air and large number of days per year with sunshine were regarded as advantageous for such patients and many homes were built with open sleeping porches. Historians Stephen Leonard and Thomas Noel have opined that "one of Denver's most viable industries during the depressed 1890s was tending tuberculosis patients." By the early twentieth century, several institutions for the treatment of the white plague had opened in Denver and hundreds of tuberculars had come to the city for treatment. The first facility, National Jewish Hospital was established in 1892 and operational by 1899. Other Denver area sanatoriums quickly came into existence, including the Jewish Consumptives Relief Society (1903), Agnes Memorial Sanatorium (1904), National Swedish Hospital (1908), Craig Hospital (1909) and Bethesda (1914).

Acquiring a military recuperation camp specializing in the treatment of tuberculars seemed a logical

 UNITED STATES RECUPERATION CAMP DENVER, COLORADO Contributor's Certificate			
This Is to Certify, That - J. IRTUM - of Aurora, of Denver, Colorado			
<i>has contributed the sum of \$2.00 ----- toward the purchase of 600 acres, more or less, in Section 36, Township 3 South, Range 67 West, Adams County, Colorado; which said property is to be purchased by the citizens of Denver and deeded to The Denver Civic and Commercial Association, to be leased to the United States of America for an Army Recuperation Camp at an annual rental of one dollar per year.</i>			
<i>The Denver Civic and Commercial Association is to be the sole owner of the said property and is charged with the management thereof; if the said United States of America discontinues said Recuperation Camp at any future time, and voluntarily relinquishes said lease, then the said property is to be sold in the manner, at the time or times, and at the discretion of said Association, as a whole, or in parcels, and the proceeds thereof, as received from time to time, divided ratably amongst the contributors toward the purchase of the same, their heirs or assigns, upon the surrender of this certificate.</i>			
ATTEST:  Secretary.		 President.	
Denver, Colorado, this <u>Fifteenth</u> day of <u>April</u> A. D. 1918.			

step to Denver citizens, who welcomed the economic benefits of treating the "one-lunged army." In addition to its advantageous climate, local boosters believed that Denver's labor supply, its railroad network, its pleasant residential neighborhoods, its business and industrial sectors, and its location between the East and West coasts made it a desirable site for a military hospital.

In 1906, the Navy affirmed Colorado's beneficial climate when it established a tuberculosis hospital at Fort Lyons, later redesignating it the Navy Hospital at Las Animas. The Army had a western tuberculosis hospital at Fort Bayard, New Mexico, and the Public Health Service had a similar institution at Fort Stanton, New Mexico. The Army recognized the need for the enlargement of its facilities after the advent of World War I, but Fort Bayard's limited water supply controlled its ability to expand. Therefore, the organization decided to build such hospitals in several locations around the country.

Believing the time was right to push for the creation of a tuberculosis hospital in Denver, the Civic and Commercial Association appointed William G. Evans, Cass E. Herrington, and John C. Mitchell to present the group's request to officials in Washington. In the capitol, Clark Hinton, secretary of the Denver and Colorado Manufacturers' Association, pushed the effort. Cass Herrington reportedly "had more to do with obtaining the great institution than any other one person" and his unfailing efforts in acquiring the hospital for Denver would win him the title "the father of Fitzsimons." Herrington was a prominent attorney, who had served as county attorney for Arapahoe County and president of the Denver Bar Association. Herrington was also a member of the State Council of Defense, a group appointed by the governor following the country's entry into World War I to mobilize the resources of the state.

William G. Evans, the son of territorial governor John Evans, has

also been lauded for his efforts toward obtaining the hospital. Evans had been president of the Denver Tramway Company, an investor in banks and railroads, and was one of the most powerful businessmen in Colorado. Reportedly, he used his influence to obtain a meeting with the Surgeon General in order to convince the Army that Denver was the best site for a new tuberculosis hospital. Present at the meeting was Colonel George E. Bushnell, who had spent two years in Colorado recovering from tuberculosis. Bushnell was a medical officer with the Surgeon General's office and a recognized pioneer in the treatment of tuberculosis. The Denver group detailed the benefits of Colorado's climate for those suffering from the disease, noting that it had "the right amount" of dryness and the "correct amount of ozone." In addition, the price of food in Denver was shown to be favorable in comparison to other cities.

Herrington and the group also distributed a pamphlet which stated Denver's case, with information on Denver-area climate, economy, and labor supply. The text of the pamphlet was written by Frank D. Baldwin, adjutant general of the state. The author argued that "the establishment of such a sanatorium here in this altitude and in this unrivaled climate, to which such men might be invalided, would mean the restoration to the service of thousands of fine young men who otherwise must be lost, not only to the Army, but as useful factors in civil life."

In response to requests from Colorado, Colonel Bushnell was sent to the state in November 1917, to inspect possible sites for a recuperation camp. The Army's experience was that it was difficult and expensive to lease and remodel existing buildings for a tubercular hospital. It was hinted that the government was not interested in buying land for a hospital, but would prefer to rent a hospital site for a nominal fee. The committee representing the Civic and Commercial Association quickly

added several real estate agents to its membership and secured options on several locations for a recuperation camp.

Bushnell inspected several undeveloped sites during his visit. The grounds of the A. H. Gutheil Nursery, located near Aurora, eight miles east of Denver, brought praise from the Colonel. Upon viewing the magnificent unobstructed vista of the mountains from the nursery grounds, Bushnell reportedly remarked, "What an effect that view would have on our poor boys!" The campaign to win Bushnell's approval was not limited to inspection tours, but also included a dinner in his honor hosted by Herrington. For the occasion, several of the doctors who had treated the Colonel during his convalescence in Denver were present.

Finally, Bushnell expressed approval of the Gutheil Nursery site as the proper location for a recuperation camp. His opinion was supported by the Construction Division of the Army. The Gutheil Nursery grounds were selected because the acreage met several of the requirements for the location of a military medical post. The location near a major city insured an available labor supply, but enough distance from the city to maintain a quiet atmosphere needed by invalids. Two major roads, Colfax Avenue and Montview Boulevard provided necessary access to the grounds. Bushnell was also reportedly impressed by the water available from Denver and the ease of constructing a sewage system on the site. In addition, an uncomplicated rail connection could be made to the Union Pacific Sable Junction track-age, about a mile from the post.

The size of the site, 594.84 acres, was also significant, being large enough to accommodate the low density type of medical complex desired for treatment of tuberculars. At that time, hospitals for tuberculars featured buildings with long rectangular floor plans of low height. Wide spacing between buildings insured a maximum of sunshine and fresh air.



Col. George Bushnell inspected various Colorado sites in early 1918 and finally decided that the new hospital would be built near Denver, rather than in the mountains.

The grounds were also extensive enough to encompass future construction if more buildings were deemed necessary.

The nursery was on nearly level, well-drained, basically undeveloped lands, which had a "splendid view of the neighboring mountains and surrounding country." At that time, the land was described as a "jumping-off place, traversed by a winding country road and dotted by lonesome cottonwoods." One account stated the acreage was "mostly unbroken prairie sod except the southwest corner, which had been developed with the Gutheil Nurseries." There was also some farm land in the north half of the section with a considerable area in apple orchards and some alfalfa fields.

In February 1918, the War Department recommended to Congress that \$500,000 be expended on construction of the Denver hospital. Plans for a one-thousand bed hospital were completed in Washington. A subcommittee of the Civic and Commercial Association quickly endeavored to procure the necessary deeds for the Gutheil tract, and found that the owner was ready to sell. The Civic and Commercial Association was notified that the hospital would be constructed if it could immediately secure the land. The group now began a frantic fundraising campaign in Denver and its suburbs to purchase the Gutheil Nursery for the recuperation camp. The prescient William Evans exhorted his fellow citizens to purchase subscriptions, stating that "this hospital is a bigger thing than we realize. It is a bigger thing and will be far more vast a project than the government authorities themselves dream. It means that this will not be a transient thing. It will become a permanent institution of the government."

Within four days, \$150,000 had been raised. More than 1,500 contributors from Denver and Aurora bought stock certificates which enabled the purchase of the Gutheil property, at a cost of approximately \$140,000. The City and County of Denver contributed \$10,000 from its general revenues to the fund and the then small town of Aurora donated one dollar for each of its citizens.

According to the certificates, the Civic and Commercial Association became the sole owner of the land, which it would lease to the United States at the rate of one dollar per year. If the government abandoned the land, the property could be sold at the discretion of the Association and the proceeds would be divided among those who bought stock certificates during the fundraising. In 1918, the possibility of abandonment was considered "so remote that it is hardly worthy of discussion."

Creation of General Hospital No. 21, 1918-1919

Ground was broken in April 1918 and, in May, construction began on forty-eight buildings at the site then designated as Army General Hospital No. 21. General hospitals of the Army were created to service both general and special needs of patients. Such hospitals were designed for the treatment of all injuries and diseases, and especially for the care of patients from abroad. General hospitals received patients who suffered from severe or obscure illnesses from station hospitals and were maintained with better facilities for treatment of serious or complicated cases than field hospitals. General hospitals were staffed with specially qualified personnel to treat complex cases and were designed to instruct and train junior medical officers. Such hospitals were under the exclusive



control of the Surgeon General and were governed by regulations prescribed by the Secretary of War.

The first commander of General Hospital No. 21 was Lieutenant Colonel William P. Harlow, a Boulder native. Harlow, whose term of service began on 27 August 1918, had been Dean of the University of Colorado Medical School before the war. During the war, he was a member of the Army Medical Reserve Corps and had been Chief of Medicine at Army General Hospital No. 8 in Otisville, New York. He also served as head of the Hospital Division in the Office of the Surgeon General. The first Chief of Medicine at the hospital was Major William H. Bergtold, a Denver tuberculosis specialist. Both men were temporary officers.

Construction of the hospital facilities was completed under the supervision of Constructing Quartermaster Major W. J. Cameron and Assistant Quartermaster Captain F. T. Wood. C. S. Lambie Company was the general contractor. Lambie was a Pennsylvania native, who had worked as a civil engineer and contracting builder in Denver since 1911. Other contractors included Seerie and Varnum and Allison Stocker. Together, the three companies were said to make up the three largest contracting firms in Denver. Denver architect T. Robert Wieger served as Chief Engineer. Table 2 lists the historic buildings constructed on the post and identifies their original functions.

A major task involved in constructing the post was the installation of plumbing and heating for the facility. Chris Irving Plumbing and Heating Company undertook that portion of the project. Other local contractors which worked on the project included the Hendrie-Bolthoff Company and the Elaterite Roofing Company.

The buildings to be erected at the hospital were based upon standard architectural designs for hospital structures developed by the



Lt. Col. William P. Harlow, a native Coloradoan, was Fitzsimons' first commanding officer. Elizabeth D. Reid served as the first head nurse of "U.S. Army Hospital No. 21."



Lt. Col William P. Harlow, a native Coloradoan, was Fitzsimons' first commanding officer. Elizabeth D. Reid served as the first head nurse of "U.S. Army Hospital No. 21".

Quartermaster Corps and the Construction Division in consultation with the Surgeon General's Office. On 10 April 1918, the Construction Division, formerly a part of the Quartermaster Corps, was given responsibility for preparing plans and specifications for all military construction projects. The standard building plans included five classes of buildings: general administration buildings; care and treatment buildings such as wards; special care and treatment buildings, such as surgical, laboratory, and physical reconstruction buildings; food, housing, and supply buildings; and utility and physical operations buildings such as power house, shop, laundry, garage, and fire station buildings. The style of the buildings was the standard one adopted by the Army during that era for posts in the southwestern region, the Mission Revival style.

Among the original forty-eight buildings constructed on the post were an administration building, two-story officers' tuberculosis wards, officers' quarters, a nurses infirmary, an operating pavilion, garage, an officers' recreation building, a post

exchange, a central infirmary for three hundred patients, two-story tuberculosis wards, an isolation ward, one surgical ward, two-story hospital corps barracks, a laboratory, storehouses, a guardhouse, a laundry, surgical ward, a shop building, a general mess and kitchen, an officer patients' mess and kitchen, an officers' mess and kitchen attendants' dormitory, a nurses' mess and kitchen and attendants' dormitory, a hospital corps mess, a pumphouse, a power house, a Red Cross headquarters, a nurses' recreation quarters, a chapel, an incinerator, and a fire station. The hospital also utilized several buildings already on the site, including stables and the Gutheil residence, which was remodeled and served as the commanding officer's quarters.

At the center of the entire post was the Red Cross building, a cross-shaped building with entrances at each of its four wings. The Red Cross building was surrounded by a landscaped quadrangle area much like one found on a typical college campus, with pathways to the other activity areas. Also in a centralized location were the infirmary building,

surgical ward, operating pavilion, mess hall, post exchange, fire station, laundry, and chapel. The installation was essentially a symmetrical development around the buildings erected at the center of the grounds. Flanking the central area on the west and at intervals of two hundred feet were the semi-infirmaries tuberculosis wards and the officers' and nurses' wards. On the east, with the same proportioned spacing, were more semi-infirmaries, the open air wards,

work which will be performed at the hospital, or the benefit to the community from its location here." Presaging the challenges which the community would face in the years to come, Bruns urged the citizens to "continue your interest in this hospital, for I want to see it grow. It will be the largest hospital of its kind in the world, and when all units are built that are to be built, it will be the finest in the world."

Bruns also spoke of the new

the Progressive movement, Bruns asserted that "we will try to give a complete functional recovery till the patient is able to take up an honest employment, to become a man of home, of loyalty and with ambition to succeed, instead of a beggar without a trade, full of bitterness for his lot and a shame to himself."

The first group of forty-eight stucco and hollow tile buildings was dedicated on 13 October 1918, although the hospital was not officially completed until 1919. Work was handicapped by the shortage of all kinds of labor resulting from the war. One medical officer later commented that "...the speed with which the site of this hospital was secured and the construction work carried through was truly remarkable...Many hitches occurred in the building of other Army tuberculosis hospitals so that they were not ready when required, and three other tuberculosis hospitals had to be quickly put in operation by means of taking over sanatoria and hospitals already in operation and converting them rapidly for Army use. General Hospital Number 21...was ready when needed and in less than no time was filled up with patients.

The first patient to arrive at the hospital was Clair W. Martin, a private from New Haven, Connecti-



and personnel housing. The northeast quadrant held the power house and store houses, as well as the school shops of the Education Department.

The first building completed was a temporary office to be utilized by the construction personnel. That building was finished in four days and served as headquarters for those supervising building on the post. Construction then began on the main administration building for the post.

During the course of construction, a medical officer attached to the Surgeon General's Office, Colonel Earl H. Bruns, who would later serve as chief of the medical service and temporary commanding officer, visited the hospital site and spoke to local citizens about the future of the post. Bruns, echoing the sentiments expressed earlier by William Evans, remarked that "few people in this locality appreciate the magnitude of

vision of the hospital, which would treat the medical problems of its patients and educate them in useful trades. He noted, "we are going a step farther than ever before gone in hospitals." Reflecting the spirit of



Victims of WWI gas attacks and respiratory illnesses were the early patients in the first ward.

cut. At the time of his admission, several of the buildings were still in the process of being completed and furnished. Martin reached the hospital on the morning of October 17, "much to the surprise of the commanding officers." On the afternoon of the same day, five soldiers from Fort Des Moines reached the post, and soon thereafter, twenty men from Vancouver Barracks, Washington, arrived. The men reached the hospital via the Union Pacific railroad tracks.

Before the first forty-eight buildings were dedicated, it became apparent that more facilities would be needed to serve the mounting flow of casualties from the front. Surgeon General Gorgas remarked that the expansion of the hospital would make it "the largest and finest of its kind in the world." Accordingly, another unit of twenty-five buildings was begun in October 1918 and were completed by April of the following year. The second group of buildings included sixteen open air wards, three officers' wards, nurses quarters, a barracks, and a storehouse. The first group of buildings cost \$1,750,000 and the second \$1,285,000. A third group of buildings erected during wartime included a school building and two curative shops for physical reconstruction work.

At the time of their construction, the hospital buildings were described as "modern, open-air style construction." The buildings were of hollow terra cotta tile and stucco construction, with frame roofs covered with four-ply tar and gravel or "Elaterite" roofing. The more elaborately designed buildings reflected the Mission

Revival style influence, apparent primarily in the employment of smooth stuccoed walls, minimal exterior ornamentation, and decorative, shaped parapets placed on entry bays and gable ends. Other details were influenced by function and economy, including the expansive porches, ridge ventilation, and the standard six-over-six light, double-hung windows and paneled and glazed doors. Buildings had reinforced concrete foundations and no basements.

Interiors reflected the pragmatic mission of the post. Walls and ceilings were covered with asbestos plaster board and two coats of wall plaster. Floors were generally of maple, sometimes pine. The interior woodwork was constructed of white pine and covered with two coats of white paint. Toilet, utility, and bath rooms had concrete floors.

Infirmaries housed the more seriously ill patients and those

the patients needed the services of the infirmary. During the early 1920s, several of the open-air wards were converted to infirmaries to serve these patients.

The length of the main infirmary was 816 feet and its width only thirty-three feet. These dimensions garnered the building the designation "Upper and Lower Center West and East." The plan of the building allowed for perfect ventilation and maximum sunshine, two factors considered essential for the treatment of tuberculars. Although the building was heated, windows on the two story building were arranged so that the entire front could be opened to the air, while rear windows allowed the passage of air through the building. Open porches were placed all along the southern elevation of the infirmary so that patients' beds could be wheeled out into the air. The center of the building housed offices, kitchen, and toilets, with patient wards in wings flanking the central area.

To increase exposure to the sun, two-story fresh air wards (standard plan K-107) were generously spaced, faced south, and were staggered. The ambulatory fresh air wards had southern walls open to the air and were unheated, although each had a glass-enclosed steam-heated lounge. The open side of the ward was fitted with curtains which could be raised and lowered in an attempt to control climatic exposure. The



U.S. General Hospital No. 21, Aurora, Colorado. The hospital was dedicated Oct. 13, 1918.

confined to bed. Hospital planners originally allocated about one-third of the total number of beds on the post to nonambulant patients housed in the infirmary. As the war drew to a close, however, about two-thirds of

central portion of the building contained the day room, lockers for clothing, a dressing room, and toilet facilities. Semi-infirmaries wards (standard plan K-108) represented a compromise between the infirmary



and ambulatory ward, being moderately heated and less open in front. It was soon found that snow, high winds, and rain came through the open windows despite the curtains and they were enclosed.

Although, in theory, the wide spacing between buildings seemed reasonable, in reality, it made the hospital difficult to administer and expensive to operate. In addition, patients were exposed to the extremes of weather when leaving their wards for mess or treatment. The post attempted to solve this problem by constructing a number of covered passageways between buildings. The difficulty of caring for patients in such dispersed facilities would be noted by future hospital planners.

Facing the main gate to the west was the social nucleus of the post, the Red Cross Building. The building was described by contemporaries as "literally a glass house permeated by sunshine and fresh air." A central glass lantern tower rose above the building as a focal point for the quadrangle. Among other features, the interior of the building had an elevated stage for entertainment and large open fireplaces. The Red Cross supplied many forms of entertainment for patients, including movies, vaudeville, and concerts. The Red Cross building was the site of programs for ambulant patients, while those unable to leave their beds had programs brought to their wards. Much of the material provided for

entertainment was donated by local service organizations.

The long-term hospitalization required of many tubercular patients required that provision be made for activities which would help occupy them during their stay. The medical department believed that maintaining a healthy mental attitude was an important factor in the progress of treatment of tuberculosis. Plans for an educational program at the facility were formulated by its creators, who believed it was a significant component of the hospital's mission. Thus, the Education Department, established in June 1919, was an important part of the program for recovering patients. The hospital regulations specified that regulated work could be offered to those with sufficient health to pursue such tasks.

Facilities of the educational service included four buildings: a two-story schoolhouse with formal

classrooms; two curative shops; and one shop building. All of these buildings are still standing. Relatively few buildings of this type were erected in the country during World War I, as most mobilization construction was considered of temporary duration.

The vocational training curriculum was originally planned by Captain W. H. Lawrence. About forty courses ranging from elementary to graduate level and from semi-skilled to skilled labor were offered to patients. Semi-ambulant and ambulant patients were encouraged to take academic, vocational, and commercial classes, according to their own preferences. Generally, those patients who were ambulant were encouraged to take educational courses, while those confined to the ward worked on simple crafts. The program was coordinated so that patients could continue schoolwork elsewhere after leaving the hospital without loss of credits. Plans were also made to develop a portion of the grounds around the hospital into an educational farm, which would provide agricultural training on a large scale.

The entire hospital was heated from a central steam plant, which was coal fired. Coal was transported via the railroad spur from Sable directly to the post power house. In cold weather, the hospital required three carloads of coal per day. Steam lines ran through concrete tunnels, the concrete roofs



In 1919 patients were taught typing during Reconstruction Classes held at the Education Building. This program was a forerunner of Occupational Therapy

became the post's original sidewalks. During the winter, shoveling snow on the sidewalks was not a problem as the heat transmitted through the tunnels caused the snow to melt as it fell. Electric lighting and power was purchased from the Public Service Company of Colorado. The electric distribution system for the post was completed in May 1919.

The hospital also had its own two-story brick ice house and refrigeration plant. Ice wagons used the post mules to deliver their cargo. The walls, floor, and ceilings of the refrigeration plant were insulated with cork. Here, much of the farm's produce was frozen to be served during mess at a later date.

All of the young trees remaining in the old Gutheil Nurseries at the time the site was acquired were transplanted to spots around the post for landscaping. The 1918 map of the post indicates that the nursery stock was originally located in the southwest corner of the post, in the area of the former Gutheil residence and the duck pond. The semi-arid climate in which the hospital was located required that the trees be watered frequently once they were transplanted. For this task, the mules pulled a water wagon around the grounds. Dust was an early problem until grass and trees were well established. The lack of adequate water for maintaining trees and lawns would be a problem for many years.

During the early months of operation of the hospital, the staff encountered many difficulties attendant to the start up of a new institution, problems further exacerbated by lack of funds to obtain adequate equipment and supplies. One local historian has noted that "economy of operation was the standard creed of the post from the earliest days." Many of the materials used to maintain the installation were surplus or salvaged. Guy R. Martin, the first superintendent of the Utilities Section, which served as a full-service maintenance department,



Peoria St. 1919, outside Fitzsimons' West Gate ----- Tough sledding!

reportedly kept the hospital in operation by obtaining materials from other camps being closed. Martin was a one-armed veteran who devoted himself to developing the hospital. Martin acquired surplus machinery for the laundry, many tools for general maintenance, and an old tractor from Camp Funston, Kansas. When snowfall caused roads to become impassible, only the second-hand tractor was able to move about.

Included in the early equipment of the Utilities Section was a World War I Liberty truck with solid rubber, smooth tires and no windshield. The Liberty truck provided a vital link to the city, making daily trips to Denver carrying mail, milk and other supplies. Mules and wagons were used for many of the transportation needs on the post. In addition, the hospital also possessed a 1918 model "Jimmy" ambulance salvaged from the war era. The ambulance was used to transport patients from the wards to a clinic or x-ray station. The first lawn mower on the post golf course was built from a World War I motorcycle, with three twenty-four inch mowers replacing the cycle's front wheel. In his annual report for 1920, the commanding officer stated that motor transportation equipment was the area which had given the

hospital the greatest trouble, due to lack of replacement parts and deterioration of equipment.

Road connections between the hospital and Denver were a persistent problem during the early years. When the hospital opened, only the main entrance road, which ran through the former nursery and entered the post at the southwest corner, existed on the hospital grounds. The main road was gravel surfaced and became muddy during periods of precipitation. The condition of roads to the hospital grounds became a critical issue during the first year of the hospital's operation. The post began receiving patients in October 1918, and in December, a record-breaking forty-five inches of snow fell. Access to and from the hospital quickly became impossible. The Utilities Section worked industriously to improve road conditions within the grounds, installing concrete roads and cinder roadways. In 1919, Fitzsimons Bus and Taxi Company began operating from Fitzsimons to downtown Denver via East Colfax and East Seventeenth Avenue. During the following decade, work continued to improve roads, with the most frequently used streets being concrete-surfaced, and the auxiliary roads graded and covered with gravel and cinders.

Although the availability of water was one of the factors considered in the selection of the site, inadequate supplies became an immediate problem for the installation. Water mains extended from Denver to the post provided sufficient water for drinking purposes. Water pressure was augmented by the installation of a booster pump. Distribution of water was through a 75,000 gallon pressure storage tank and tower. However, there was not enough volume for irrigation of the grounds to insure survival of trees, lawns, and other plantings, especially during summer months. To augment the supply received from Denver, the post was forced to dig wells for additional water. Emergency water storage was provided by a concrete reservoir holding 1,200,000 gallons.

On Armistice Day, 11 November 1918, the capacity of General Hospital No. 21 was reported at 380 beds. New construction underway was fifty percent complete and would add 736 beds. Morale at the post was affected after the war when the "emergency men," those called to service to replace the personnel sent overseas, were retained in service against their wishes. Although the dismissal of the emergency men led to shortages in personnel, it was generally conceded that their departure improved the atmosphere of the hospital. In 1920, a majority of



Starting in 1919, the Fitzsimons Bus and Taxi Company transported people from the City of Denver. Montview and Colfax were the main thoroughways.

personnel were judged to be efficient, but reflecting "extreme youth and lack of training." In addition, quite a few of the personnel assigned to the Medical Department were assigned there because they were unfit for combat. These men were also generally unable to perform their duties in the Medical Department. The arrival of a number of experienced men from the general hospital at Fort Bayard, New Mexico, added to the stability of the staff.

As a general hospital, the facility was also a teaching unit for medical staff. In the beginning, the training of medical officers was a necessity, as many assigned to the facility had limited experience with the treatment of tuberculosis. Frequent turnover resulting from the

discharge of emergency officers insured the continuance of the training programs. In addition, patient/nurses were trained in laboratory techniques with the idea that, upon their return to civilian life, they would have additional employable skills.

As the number of casualties returning from the war dwindled, fears that the Army would abandon Hospital No. 21 increased, and local civic leaders began a concerted campaign to keep the installation open. This was the beginning of a continual effort to keep the facility operating in the face of plans to abandon the site and transfer its services elsewhere. The older hospital at Fort Bayard, New Mexico, was respected for its healthful climate and its successful treatment of tuberculars. Many felt that the senior institution should be retained after demobilization.

During the early years, there were times when some of the staff at Hospital No. 21 were unsure whether it should be made permanent. After battling the problem of poor access roads and lack of water for landscaping, Colonel Henry Page, commander from March to September 1920, stated, "I have advocated the abandonment of this institution because of the endless expense of its care and upkeep. No trees can live in Colorado without irrigation. All roads turn into a sea of mud after the first



The Fitzsimon's mules got through the snow in the storm of April 1919.

rain or snow. If the proposed reduction [in maintenance funds and personnel] takes place, this place will again be a wilderness within a year."

However, the Surgeon General's Office, and particularly Colonel Roger Brooke, who was in charge of hospitalization, believed that Denver was the best site for a permanent Army tuberculosis hospital. Denver's economic advantages were a primary factor in this assertion. The hospital's location "near a large health[y] city, where the families of patients could live and the patients themselves find employment when discharged as arrested cases" was regarded as a significant argument for its continued operation.

Redesignation and Further Development of the Hospital, 1920-1929

A War Department directive dated 26 June 1920 redesignated the facility Fitzsimons General Hospital. The post was renamed in honor of William Thomas Fitzsimons, the first Army officer of the United States to die in World War I. Fitzsimons was



1st Lt. Earl W. Mann came to General Hospital No. 21, after he was injured by mustard gas in France in 1918. In 1938, he was elected to the Colorado State Legislature. He served six nonconsecutive terms.



The first x-ray laboratory seemed crude, but even with their limited equipment they were able to diagnose patient ills.

THE DENVER POST

AUGUST 11, 1929

On the Dotted Line

Executing the Fitzsimons General hospital lease in the Denver chamber of commerce Saturday. Left to right, Congressman William R. Eaton, Sen. Lawrence C. Phipps, Sands, president Denver chamber of commerce, Col. O. E. Aleshire, Fitzsimons General hospital, and A. K. Barnes.



U. S. SIGNS 999-YEAR LEASE FOR FITZSIMONS HOSPITAL PROPERTY

Agreement Ends Long Controversy—Government May Increase Investment in Denver—Mullen's Work in Establishing Institution Is Praised.

The Fitzsimons General hospital—biggest institution of its kind in the United States—was guaranteed almost in perpetuity to this community, Saturday, when the United States government signed a 999-year lease for the property on which the hospital stands.

The execution of the lease, which took place in the Denver chamber of commerce, ended a long legal controversy between the war department and the chamber. In 1919, the government tried to close the hospital to the government but the offer was rejected on the theory that the

because the 1500 owners of the land were so widely scattered, ratification by all of them was impossible. Finally an agreement was reached whereby the government leases the land.

ACQUIRED LAND DURING THE WAR

Under the terms of the lease, the government agrees to maintain the

was a site for a government cantonment. According to Cass E. Harrington, chairman of the chamber committee which approved the lease, the late J. K. Mullen was the individual most responsible for establishment of the Fitzsimons hospital here.

"Mr. Mullen was a member of the committee which was sent to Washington to request the establishment of a cantonment here," Mr. Harrington explained. "But he saw that a cantonment would be only a temporary thing while a hospital would endure for many years. He wired from Washington asking permission to request a hospital instead of a cantonment. It was given him and the government recuperation camp as it was first called, was established the following year."

The 999-year lease is said to be the longest ever given in Colorado. It was signed by President Herbert H. Sanders and Manager George K. Collinson for the chamber, and by Col. O. E. Aleshire of Fitzsimons hospital for the government. It became effective immediately. Present at the signature ceremonies were Mr. Harrington, Senator Phipps, Congressman W. R. Eaton and A. K. Barnes of the hospital lease committee.

and enlarge the hospital," Mr. Sanders said. "The business Denver now derives from it total purchases amounts to 2 half million dollars a year, exclusive of individual patients and hospital persons."

Mr. Harrington said: "It is cent that the ratification of which guarantees the hospital should come the day Mr. Mullen's death, for the government for Denver tribute to his foresight."

Fitzsimons hospital is located Aurora which adjoins Denver.

born in Burlington, Kansas in 1889. After attending medical school, he volunteered with the First Relief Corps of the American Red Cross and served as a volunteer in England and Belgium during 1914-1915. When the United States entered the war, he volunteered for duty and was one of the first five medical officers sent overseas. On 4 September 1918, Fitzsimons was killed during an aerial bombardment on a field hospital in Dannes Camiers, France.

Local citizens believed that the future of Fitzsimons could be assured if the post was identified officially as

a permanent facility. Nearby communities had benefited from the jobs available at the hospital and its purchases of supplies had also helped the local economy. In April, 1921, the commanding officer noted that the relations between the hospital and local community were "most cordial." He added that civic groups considered the post "a part of Denver and the community and have helped in every possible way in the operation of the hospital."

After the war, the Chamber of Commerce began a move to turn ownership of the hospital site to the

government. The government was not interested in receiving title to the land at that point. The transfer of title was hampered by the fact that owners of the land were the dozens of original subscribers to the fund to purchase the site, not all of whom could be reached for approval. In 1926, a ninety-nine year lease at the rate of one dollar per year was suggested by the government. Finally, in 1929, the Chamber and the government negotiated a 999 year lease at the rate of one dollar per year, stipulating that the government would maintain the grounds and, if the government abandoned Fitzsimons, that the land would revert to the Chamber of Commerce.

In September 1920, William H. Moncrief assumed command of Fitzsimons. Moncrief was the first commander to stay for a prolonged period, serving until August 1923. Buildings constructed during 1920 included several fire equipment houses, maintenance shops, storage buildings, and garages. The following year, construction included several new officers' and non-commissioned officers' quarters, stables, an irrigation and well pump houses, wagon and hay sheds, and a Quartermaster store house. During 1922, construction was minimal, including a baseball field, stable, well, dry cleaning plant, and machine shop. During the early 1920s, maintenance, rather than new construction, was given priority for funding on military posts.

By the 1920s, Fitzsimons was described as the largest active military hospital in the world and the largest tuberculosis hospital in the United States. In 1920, of 3,442 admissions to the hospital, 2,132 were treated for tuberculosis. The hospital had established an impressive reputation in the treatment of tuberculosis and in the field of research regarding the disease.

Colonel Earl H. Bruns, chief of the Medical Service, introduced heliotherapy to Fitzsimons. Bruns, who would serve as commanding

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Transfer of Title to Fitzsimons Site Of Future Significance to Denver

Another step of significance to Denver in connection with Fitzsimons Army General Hospital has been taken by the Chamber of Commerce.

A deed has been executed by the Chamber transferring to the Government the title to the hospital land with all water and ditch rights.

Continued Operation and Improvement Assured By Chamber Action.

When this is accepted by the War department it will assure continuance of the hospital as an army recu-

peration camp so long as the Government holds it, and will also make the institution eligible for appropriations for improvements under a new governmental policy.

For \$10 the Government secures the 160-acre tract for which the people of Denver subscribed \$150,000 thru the Chamber's predecessor, the

(Continued on Page 4)



Executing the deed transferring the title of the Fitzsimons Army General Hospital site from the Chamber of Commerce to the Federal Government. Left to right—Cass E. Horrington, "father" of the hospital and chairman of the committee that prepared the deed, who will deliver it to the proper officials; Manager George E. Callison of the Chamber; President Fred Farrar of the Chamber signing the deed, and Attorney A. K. Barnes, member of the committee that drafted the instrument. Attorney Wilbur F. Denious, third member of the special committee that prepared the deed, was

officer during 1931, had himself contracted tuberculosis and spent time at the hospital at Fort Bayard, New Mexico. Recovering after a year of hospitalization, Bruns became part of the staff of that institution. After World War I, he was sent to Germany to study European methods of treating tuberculosis. Bruns was assigned to Fitzsimons in 1921 as chief of the medical staff, a position he filled for five years. In 1928, he was sent to Austria and Switzerland to study new methods of treating tuberculosis, particularly heliotherapy. Following this trip, he was reassigned to Fitzsimons.

Bruns was regarded by contemporaries as a pioneer in the field of treating tuberculosis, who "probably did more to further the treatment of tuberculosis with his then new treatment techniques for tuberculosis of pneumothorax and heliotherapy than any other physician in the United States." Bruns was also considered an influential advocate of surgical treatment for tuberculosis and he conducted important research on the influence of climate on the disease.

Heliotherapy was one of the major forms of treatment instituted at Fitzsimons and its use increased during the 1920s, when a number of "helio platforms" were constructed on



View of portion of main infirmary building, showing porches where patients received out-of-door fresh air treatment for tuberculosis.

the wards. To facilitate heliotherapy, open platforms protected from the wind were built, where patients were exposed to the direct rays of the sun. Patients undergoing heliotherapy lived entirely out of doors during the summer months in order to benefit from the sun and the clear western air. When sunlight was unavailable, the patients were exposed to alpine and carbon-arc lamps. Fitzsimons was the first hospital in the United States to utilize heliotherapy for tuberculosis of the joint. In time, doctors found that this type of sun treatment only helped in cases where lungs were not affected.

Other ingredients of tubercular treatment at Fitzsimons during the decade included artificial pneumothorax, graduated exercise, rest, symptomatic measures, and special diet. The Surgical Department of the hospital increased in importance as surgical measures involved in the treatment of pulmonary tuberculosis advanced.

In the 1920s, Fitzsimons continued its instruction for medical staff of the post and also trained medical personnel from other institutions. In 1923, a five week course in tuberculosis was given to physicians of the Veterans' Bureau. By 1925, interns were being trained at the hospital in one year courses. Expansion of hospital services during the 1920s included neuropsychiatry, physiotherapy, and cardiovascular sections.

The hospital affiliated with nurses' training programs in Denver, including those of St. Joseph's Hospital and Mercy Hospital. Senior students were sent to training programs at Fitzsimons, and a large number of the affiliated students entered the Army Nurse Corps. The majority of the nursing staff at Fitzsimons during the 1920s was employed from the local population. There was rapid turnover among reserve nurses on the post. In 1926,



The hospital's first operating room was in an operating pavilion set apart from the main infirmary building. If the procedures were not major, two operations were often conducted simultaneously in the same room.

the commanding officer reported that many of the Army nurses were assigned to Fitzsimons "because they are below par physically, and in some cases tuberculosis suspects. Some of them are able to do only light duty and others none at all for some time."

In 1920 and again in 1921, hospital personnel were called upon to perform services outside their normal range of duties, which demonstrated the post's interdependence with the surrounding communities. During the Denver Tramway strike in August and September 1920, members of the Medical Department were organized and equipped as a company of infantry. Although the group was not called upon for service, it was held in readiness for strike duty until the crisis was over. A disastrous flood which struck the city of Pueblo, Colorado, on 3 June 1921 also affected the staff of the hospital. An emergency field hospital of 240 bed capacity was organized by the post. The hospital went to Pueblo and treated infectious and contagious diseases in a refugee camp for two weeks following the flood.

Landscaping Projects

The administrators of the hospital believed that the creation of a pleasant landscape for the institution would add to its perception as a restorative spot, but availability of water for maintaining landscape planting continued to be a problem. In 1921, William Moncrief reported that a large part of the reservation had been seeded with forage crops, both as part of the functioning farm program and in an effort to control dust on the site. In 1921, several thousand young trees were planted and funds were allocated for workers to care for them during the dry season. In 1925, 1,564 trees were planted on the grounds, but, due to shortages of water, seventy percent died. The attention to landscaping



Active and reserve nurses cared for the early patients

began to pay off as the hospital acquired the reputation of "being a very pleasant post on which to serve."

Colonel Paul Hutton, commander from 1923 to 1929, led the post through a period of stability. Several buildings were constructed during the first year of Hutton's command, reflecting increased funding nationwide for Quartermaster Corps projects. During 1923, a bachelor officers' quarters, mess, and kitchen (later the officers' club), a nurses' quarters, an oil house, and a Quartermaster filling station were completed. In 1924, the Quartermaster Corps planned a ten year program to replace temporary buildings, to modernize the water, heating, and sewage systems for its facilities, and to add garages and warehouses. Construction at Fitzsimons in 1924 included a garage, a heliotherapy ward, and a bath house. In 1928, a farm implement building was erected, and in 1929, a post exchange filling station and a garage were completed. Other established buildings were converted to new uses and some extant buildings were remodeled or improved during the 1920s.

During Colonel Hutton's administration, the post's greenhouse received much attention as part of a

new emphasis on landscaping adopted by the Army. Commanders were instructed to start nurseries and promote the planting of trees and shrubs. The Fitzsimons greenhouse was built in 1923 and greatly enlarged during the next two years, largely using salvaged materials. Hutton encouraged the greenhouse to grow tropical fruits and plants from distant locations such as South and Central America, the West Indies, and Hawaii. Among the exotic plants housed in the greenhouse in its early years were an avocado tree, banana trees, lemon, papaya, orange, persimmon, pomegranate, fig and lime trees. When the trees matured and bore fruit, it was distributed to the wards. In addition, the greenhouse nurtured native varieties of pine, cedar and spruce trees to be planted throughout the hospital grounds. Through the courtesy of the Forest Service, in 1926, two hundred evergreen trees were taken from Pike National Forest and planted at the hospital. The landscaping program proceeded apace, with several thousand trees being planted during the 1920s. Many of these trees are still standing, providing shade and beauty to the grounds of the hospital.

Recreation

The hospital's distance from Denver necessitated that it provide recreational opportunities for personnel on the grounds. Several recreational facilities were constructed to meet the demand for leisure activities. About 1920, a golf course was set out on the natural vegetation of the site, which included cactus and yucca. The nine hole course had greens of oiled sand, a few bunkers, sand traps, and numerous prairie dog holes. Golfers soon began a campaign to have the course sodded, especially the putting greens. When the golf course received its grass, another problem arose; finding water to keep the sod alive. The Utilities Section solved the dilemma by recycling the post's waste water to irrigate the course. A small reservoir was built on the highest point inside the grounds. A pump house was built below the sprinkler filter plant with a basin to hold the water before it escaped into Toll Gate Creek. An electric pump forced the water up the hill to the reservoir and it was then piped by gravity to the golf course. With its usual ingenuity, the Utilities



First tee of the 18-hole golf course opposite the Officers Club.

Section utilized salvaged pipe for the line.

Other popular recreation facilities on the post included a baseball diamond, tennis courts, a handball court, and rifle range. Baseball was a popular sport during the 1920s, and in 1924, the post baseball team was second in the

Denver City Baseball League. The ubiquitous Utility Section was responsible for the construction of the tennis courts and baseball diamond.

In addition to outdoor recreation, the entertainment provided by movies, and programs offered by the Red Cross during the 1920s, two dances were held each month for enlisted men and civilians on duty. By 1926, the post had its own radio station, KEUP, operated by the educational department. The station broadcast weekly evening concerts and features, as well as sporting events. The radio station operator also received messages in Morse Code from Washington for the post commander. Patients who were well enough could pass the time working on projects offered by the Occupational Therapy Department. A group of young women, known as "reconstruction aids," taught crafts to the patients, including leather work, clay modeling, and basket weaving. A carpentry shop was also available for patient projects. In addition, the post had a large lending library and patients unable to visit the library were offered books at their bedside.

Patients at Fitzsimons Hospital



Radio for Fitz - In the 1920s, Fitzsimons had its own radio station, KEUP. The station broadcast music and hospital news throughout the installation, and was popular among Aurora residents who lived near the hospital.

were also able to take advantage of their stay in Colorado to visit the mountains. A small auxiliary camp was operated by the hospital in an area known today as Indian Hills. Named "Camp Ireland" after Surgeon General Merritt Ireland, the property consisted of a large, old cabin and adjacent mountain land. The Utilities Section renovated the cabin and converted it into a mess hall and day room. Patients at Fitzsimons who were well enough to move about could spend one or two weeks at the mountain camp, which had a nurse, corpsmen, and a doctor on the premises.

The Search for Permanence, 1930-1938

By the 1930s, many of the buildings at Fitzsimons General Hospital, which were originally designed as temporary or semi-permanent structures, were beginning to rapidly deteriorate and the costs of maintaining the physical facilities were increasing yearly. Colonel

Carroll D. Buck, commander of the hospital from 1931 to 1940, was to see the institution through troubled years when closure of the facility appeared imminent. During the decade, annual reports to the Surgeon General noted that most of the buildings on the reservation were of a semi-permanent nature and had been constructed during 1918-1919. In his report for 1931, Buck stated that "it will be necessary to constantly increase the funds for regular maintenance and in the near future to make larger allotments for the replacement of crumbling piers and rotting floor joists." In addition, Buck noted that although the power

plant had been converted from coal to gas consumption, the steam heating system was old and reaching the point where extensive major replacements were necessary. The question of whether to commit funds for major improvements or abandon the facility would dominate the coming years.

The economic depression of the 1930s had a profound impact on construction activities at Fitzsimons General Hospital, especially during the first half of the decade. In 1930, the hospital built irrigation wells, a gas meter house, and a farm building. In 1931, a building for x-ray film

Denver hoped to benefit from the trend to expand federal bureaucracies in various locations throughout the United States, and community leaders made frequent trips to Washington, D.C., to lobby for expansion of existing facilities and acquisition of new federal installations in the area. However, other municipalities were also pressing for retention and expansion of their military facilities at a time when the Army was asked to make significant cutbacks in its operations.

The installation payroll and purchases of local supplies had

pumped millions of dollars into local economies during the 1920s. Thus, alarm spread when Franklin Roosevelt's New Deal programs of social and economic reform drained money from military expenditures. After taking office in



In 1919 recovering patients were busy with crafts.

storage was added to post facilities. In 1933, Army housing construction programs stopped and even maintenance funds decreased. No further building was authorized at Fitzsimons until 1935.

The continued operation of Fitzsimons became an imperative for local residents during the Great Depression, when widespread economic dislocation was felt throughout the state. Throughout the thirties, the Denver Chamber of Commerce devoted considerable time and energy towards promoting Denver as the "Little Capital of the United States," an effort sometimes called the Second Capital Program.

1932, President Roosevelt required the Army to identify unneeded or underutilized posts which could be closed, sold, or converted to other uses. One of the first operations to be identified in this process was Fitzsimons General Hospital.

The hospital's annual report for 1932 stated that the institution had a total of 5,164 admissions, indicating that its services were still in demand. During the early 1930s, as the numbers of active military patients decreased, many of the patients being treated at the hospital were Veteran's Bureau beneficiaries. In 1933, the Veterans' Bureau began to question the economy of sending its patients to

Fitzsimons for treatment. Because the veterans now made up the largest group of admissions, the transfer of those patients threatened continued existence of the post. In addition, as projected operating funds diminished, the post began to discharge a number of its Army reserve nurses and civilian employees in compliance with anticipated reductions. Early in 1933, rumors spread about Army plans to permanently close the hospital.

Local citizens were shocked to learn that the rumors were all too true in April 1933, when the Surgeon General sent a radiogram to the post stating that Fitzsimons would be abandoned and all patients transferred by the end of June. Colonel Buck, was instructed to transfer equipment and begin determining which patients could be sent elsewhere. Although local officials refused

to believe that the Army would actually close the hospital in such a precipitous manner, they were hard pressed to explain the orders in any other light. Colonel Buck stated, "everything is up in the air and we are preparing for the worst."

Civic and commercial leaders, the staff of Fitzsimons led by Colonel Buck, and Colorado's Congressional delegation rallied together in a frantic attempt to save the installation. The **Denver Post** and the **Rocky Mountain News** began editorial campaigns to marshal support. The **Post** was credited with being the first organization to alert Colorado's Congressional delegation

to closure plans. The delegation quickly began to call upon key officials in Washington, stressing reasons for keeping the hospital open.

Congressman Lawrence Lewis, a freshman representative, led Colorado's Congressional delegation in Washington in the fight to keep Fitzsimons open. Lewis was born in St. Louis in 1879 and moved to Pueblo, Colorado, in 1890. He received a bachelor's degree from

Begole of Denver sent a letter of protest directly to the Secretary of War. Local businessmen formed a committee which planned to send a delegation to Washington challenging the action. Members of the committee included prominent local business leaders such as Adolph Zang, president of the Denver Chamber of Commerce, William V. Hodges, Rufus G. Gentry, Clarence Adams, and John P. Barnett. In May,

the delegation, accompanied by Congressman Lewis, and Senators Alva B. Adams and Edward Costigan, called upon Budget Director Lewis Douglas. They emphasized the low cost per patient day of running the hospital and the adverse effect a different climate would have on patients.

Edward T. Taylor,

Congressman from the western slope, used his senior position in the House of Representatives to postpone the decision on closing the installation until further studies could be completed, thereby giving the Colorado delegation time to prevent such an outcome. The two Denver newspapers pointed out that Fitzsimons had a lower operating expense per patient day (\$4.05 per patient) than any other Army hospital. Sensing a conspiracy, Denver journalists also detailed a "plot" by Texas and Arkansas Congressmen to benefit hospitals in their states by pushing the closure of Fitzsimons.

The Surgeon General's annual



Col. Carroll DeForest Buck (1 August 1931 to 30 June 1940)

Harvard College and returned to Colorado to pursue work in business and journalism in Pueblo and Denver. In 1909, Lewis received a law degree from Harvard and began working as an attorney in Denver. Lewis, a Democrat, was elected to the House of Representatives from the First District in Denver in 1933. The Congressman died while in office on 9 December 1943.

Immediately after the closure decision for Fitzsimons became known, Congressman Lewis made arrangements to call on Surgeon General R. U. Patterson in an attempt to convince him to alter his plans for the hospital. Mayor George D.



Dedication ceremony of the Red Cross building

report for 1933 remarked about Fitzsimons:

With few exceptions, all of the buildings at this general hospital are of the semi-permanent type...They were erected during the years 1918 and 1919...Over this period of years, deterioration has gradually proceeded and is more pronounced in floors, subfloors, and joists. Necessary general maintenance needs must be maintained from year to year, and a gradual increase in maintenance costs keeping pace with the age of the buildings is inescapable.

Clearly, the state of disrepair of the buildings at Fitzsimons could be used as an argument for its closure or for its improvement. As was the case at several of the existing Army general hospitals, deterioration and lack of funding had affected the hospital facilities dramatically. The shortage of funds available for improvements meant that a political scramble for the necessary money would continue. The reduced number of admissions to Fitzsimons for the 1933 fiscal year, 2,834, reflected the uncertain status of the institution.

Lawrence Lewis was able to win the support of General Douglas MacArthur, then Army Chief of Staff, for keeping Fitzsimons active.

MacArthur was an influential spokesman for military needs, whose support of Fitzsimons was an indisputable factor in its favor. General MacArthur assured Lewis that he would not sanction any curtailment of operations at Fitzsimons and that he would bring all possible pressure on Frank T. Hines, head of the Department of Veterans' Affairs, not to transfer veterans to other hospitals. MacArthur further stated, "I have visited the hospital and Denver and am thoroughly familiar with the advantages of its splendid surroundings."

Those persons most directly affected by the closure plans, the patients at Fitzsimons, were reported by local newspapers to be conducting their own protest. Some patients declared that they would not consent to be moved. The **Denver Post** reported somewhat dramatically that "the turmoil into which the hospital patients already have been thrown by the proposal to abandon Fitzsimons is said to have done irreparable damage."

On 3 June 1933, the **Congressional Record** published Congressman Lewis's arguments for the retention of the 1,832-bed hospital.

Among the reasons Lewis presented for keeping Fitzsimons open were: the economy of its operation; the government's current investment of four million dollars at the facility; the success of treating tuberculosis there; and the hospital's role in military preparedness. In addition, Lewis cited human considerations, such as the problems involved in moving patients; the low-cost of living in Denver; the availability of rail connections for families to visit the city; and employment opportunities for veterans there.

In June, the ever-optimistic Lewis announced that he would ask for a substantial portion of public works construction funds to be used for improvements at Fitzsimons. Further, the congressman would request that the status of the hospital be changed from semi-permanent to permanent. Lewis was determined to press the argument that the facilities should not be abandoned, but rather, brought up to date with current medical practice. His requests appeared more promising in August, when the Federal Hospitalization Board adopted a resolution to use Fitzsimons for tubercular patients of all classes.

The period of uncertainty

extended into the following year, although the number of admissions at the hospital began to rise steadily. In February, the **Denver Post** learned that a secret inspection of Fitzsimons had been made by Public Health Service physicians to determine whether the institution could be converted to a psychiatric hospital for Native Americans. The visit was viewed as an indication that the fight

Fitzsimons' appropriations and in the pay of personnel. When the First National Bank of Aurora closed, the hospital's recreation fund was "frozen." The Red Cross was forced to discontinue many of its recreational activities, and all occupational aides were discharged.

The beginning of 1935 saw another attempt to abandon Fitzsimons initiated. In February,

goes on." Patterson further suggested that the Army no longer needed the hospital in Denver, but that the Veteran's Administration might be interested in its operation. The Surgeon General's action was described by the **Denver Post** as "continuation of his persistent campaign to get rid of the hospital."

Lawrence Lewis quickly countered the Surgeon General's



May 1936 Graduation of the original Gray Ladies. The organization was started in October 1935.

to keep the Army at Fitzsimons was not yet over.

Finally, in March 1934, Congress approved funds to keep the hospital open. Congressman Lewis succeeded in having maintenance funds for Fitzsimons included in an Army supply bill despite the opposition of southern Democratic leaders. In addition, the Surgeon General's office rescinded its previous order prohibiting further expenditures for the post. Despite this victory, the hospital, like the rest of the country, was struggling. Cuts were made in

Surgeon General Patterson went before a War Department subcommittee to urge the transfer of the hospital's functions to another agency, preferably the Veteran's Administration. Patterson advocated removal of the hospital's patients to Beaumont Hospital in Texas. The Surgeon General based his arguments for closure on the fact that "the buildings are not modern...They have to be repaired all the time. So the upkeep is great and is continuing to be so, and it will increase as time

proposal with his own request to keep the post operating. He asserted that Patterson's views were not shared by his superiors in the Army. In addition, Lewis again noted that the cost per patient day at Fitzsimons was lower than most other Army hospitals, including the one in Texas. This was an effective means of negating the Surgeon General's statements about the expense of operating the hospital near Denver.

Lewis emerged victorious in this campaign as the House Appropriations Committee voted to include the

usual budget item for Fitzsimons in the Army supply bill a few days later. Fortunately, Charles H. Reynolds, the Army Surgeon General who soon replaced Patterson, and Frank T. Hines, Veterans Administration director, supported maintaining operations at Fitzsimons. The appropriation of funds signalled a turning point in the battle to maintain the hospital.

relief, work relief, and increased employment by providing useful projects. The Works Progress Administration (WPA) organized the projects. Of the \$282,000 allocated for projects at the hospital, \$118,500 was to be spent on rehabilitation of sewer, water, and electrical systems; \$98,950 for rehabilitation of hospital and miscellaneous structures; \$39,750 for roads, walks, drainages, and grounds; \$22,000 for new

leaders were ecstatic over the news of the new appropriations for the hospital. J. Harry Custance, president of the Denver Chamber of Commerce, asserted that the city had finally won its long fight to keep Fitzsimons open. Sensing that the time was right to press for further improvements which would secure the post's future, Lewis seized the opportunity to ask for a two-and-a-half million dollar allocation to build



In the heliotherapy ward. Summer and winter these men live out of doors. Two hours every morning the sun heals sick bodies, provided the patients are not victims of pulmonary tuberculosis. Tuberculous diseases which involve organs other than the lungs, those affecting bones, joints, glands and internal organs, are treated in this great outdoor clinic by nature's own remedy, sunshine. Rarely is any form of surgery practiced on these cases.



Heliotherapy Ward

Improvement and Expansion: 1935-1938

In June 1935, Lewis announced that the War Department had agreed to ask for an immediate allocation from work relief funds for improvements at Fitzsimons, including funds for new construction and extensive ground improvements. These funds were to come from monies allocated as part of the Emergency Relief Appropriation Act which funded

garages; and \$3,000 for demolition of old buildings. By October, several hundred men were busy on WPA projects at the hospital, with Colonel Buck directing the improvement work. During 1935 and 1936, seven garages were built, as well as a gardener's implement shed, and a new incinerator building.

Lewis believed the new expenditures represented a commitment to retain the facility which had been threatened for so long with abandonment. Local civic and business

a new hospital building in the middle of the hospital grounds. In August, Surgeon General Reynolds arrived in Denver for an inspection trip and was reported to be considering the proposal.

The timing of this request coincided with two important factors. First, in response to the deteriorating condition of world affairs, the size of the Army was increasing dramatically. Second, the Denver area was considered a likely location for the construction of a new Army Air

Corps technical school. The school, which was to be established at Lowry Field in 1937 insured that, for the first time, Denver was regarded as an Army center and the fitting site for a large, permanent, military hospital.

In order to make Fitzsimons a viable, permanent institution, the most pressing problem was in securing adequate, up-to-date facilities for medical and surgical patients. Lewis continued to press for the construction of a modern, permanent hospital building. In January 1936, Veterans Administrator Frank T. Hines came out in support of the idea, promising that his agency would guarantee to use a minimum of 250 beds in the new building. In July 1936, Congressman Lewis's request for funds for a new main building was approved.

In October, Surgeon General Reynolds ordered preparation of plans for a new main building. Reynolds made a visit to Fitzsimons to discuss the project and Colonel Buck personally took charge of the initial preparation of the hospital building plans. The planners determined that the new building would differ from Fitzsimons' original structures by following the more recent practice of concentrating wards in tall buildings under a single roof. This was in marked contrast to the earlier procedure of building a number of low, widely spaced buildings, as represented by Fitzsimons' original layout.

On 12 October 1936, President Roosevelt planned a visit to Denver, and at Congressman Lewis's urging, he stopped briefly at Fitzsimons. Roosevelt was impressed by the facilities and the enthusiasm of the staff and local residents. The president made a short speech which was broadcast to patient rooms via the hospital network. Roosevelt

government of the United States. The Chamber approved a resolution assuring the government of its acquiescence with this action and coordinated the transfer of title process. In March 1936, condemnation proceedings to secure full title to the land were initiated by the government. In October 1937, the final process of turning over the land

to the government was implemented by court decree ordering transfer of the title to the United States. Three commissioners were appointed by the U.S. District Court to appraise the property and determine the reversionary interest of the certificate holders.

In 1937, Congress approved a large appropriation for Fitzsimons, part of an increased spending package for a

number of posts. Colonel Buck was busy putting the finishing touches on his plans for a new permanent hospital building. The structure, which was to be the first major permanent building on the post, would be equipped with modern surgical and medical facilities. In his report for the year 1938, the Surgeon General stated that the new main building would be "the largest single hospital structure ever built by the Army."

Congress approved \$3.75 million for the new main building, with three million dollars coming from Public Works Administration funds, and the rest from money



President Franklin D. Roosevelt demonstrates his support for Fitzsimons with an election year visit.

stated, "four years ago, when I first visited Denver, there was some talk of abandoning the hospital. I fell in love with it then, and it is still here. I am quite impressed with the beauty and value of this hospital and it will remain here as long as I am president of the United States." Upon hearing these words Lawrence Lewis threw his hat into the air.

Although optimistic, backers of the hospital realized that the only way to avoid continual attempts to abandon the facility would be to have it designated as a permanent site. In order to accomplish this, full title to the land had to pass from the Chamber of Commerce to the



reserved by the Federal Board of Hospitalization. L. M. Leisenring of the Construction Division of the Quartermaster General's Office, was designated supervising architect for the building. Leisenring was a civilian who had been working with the Quartermasters since World War I. In 1940, he would become supervising architect of the Engineering Branch of the Construction Division. Five draftsmen were put to work to complete drawings of the structure, which were to be presented to the President for approval.

By 1938, the treatment of tuberculosis was still considered a primary mission of Fitzsimons, but it was equipped to treat any other medical problem of its patients. Wards were provided for the treatment of tuberculosis, nerve shock and mental affliction, cancer, and heart diseases. Each ward was headed by a medical officer who specialized in the study of the disease treated. The hospital included a surgical section for both tubercular and general cases; an ear, eye, nose, and throat department; a dental clinic; an x-ray department; a laboratory; and a therapy section. The professional medical library on the post housed two thousand volumes.

The hospital's facilities

resembled a small city in terms of the variety of its services and buildings. In addition to the buildings constructed in 1918-1919, the post had been expanded to include additional residential buildings, recreational facilities, storage structures, and improved landscaping. Practically everything needed by patients and staff for daily life was available. Included on the post were paved streets and sidewalks, a police force, a fire department, stores, restaurants, a power plant, a chapel, a nine-hole golf course, and tennis courts. These elements were in addition to the medical facilities and administrative

offices. The Post Exchange housed a department store, a butcher shop, a grocery store, barber and beauty shops, a tailor shop, and a restaurant. A branch of the Denver post office was established at the hospital. At the same time, the greenhouse, stables, and farm continued to reflect the pastoral nature of the hospital setting.

By mid-December 1938, preparations were well underway for construction of the new main building, which would make Fitzsimons the biggest general Army hospital in the country, with 2,252 beds. Major Carl H. Jabelonsky, Quartermaster in charge, supervised construction, with Lieutenant Harold M. Martin serving as assistant construction Quartermaster. P. L. Rice acted as chief engineer, and F. K. Thompson was superintendent. The **Rocky Mountain News** reported that the Assistant Secretary of War, Louis Johnson, would be in Denver to personally supervise the initial work on the building. Thirteen bids for the construction were sent to Washington, from which the Chicago firm of Great Lakes Construction Company was selected, with a low bid of \$2,985,505. Construction began in January 1939, excavation having been accomplished during the previous year on the former site of the administration building.





Mobilization and Entrance into World War II: 1939-1941

Construction at Fitzsimons during the late 1930s provided much needed jobs for local residents, but international events soon overshadowed economic problems. In September, 1939, Germany invaded Poland and President Roosevelt proclaimed a "limited national emergency." The War Department began to examine all areas of military preparedness. For the first time in several years, the Army undertook extensive projects to renovate its existing medical facilities and bring them in line with modern medical operations. In 1939, facilities at Fitzsimons underwent much needed repair and upgrading, including installation of street lighting; improvement of the post water distribution system; reconstruction of the electric substation; renovation of officers and nurses quarters; installation of an emergency lighting unit; and reconstruction of a building for warehouse purposes.

By June 1940, the advancing German armies had overrun Denmark, Norway, Belgium, the Netherlands, and France. The air assault on

Britain began in August, and an invasion seemed imminent. As the war raged in Europe, Congress approved the Selective Training and Service Act in September 1940, the first peacetime conscription in the nation's history. The government appropriated vast sums of money for a military buildup, including almost 175 million dollars for new construction.

In October 1940, money was appropriated to complete a railroad spur connecting Fitzsimons, Lowry, and Lowry's auxiliary field, Buckley Field, as part of a WPA project. At the same time, plans were announced for construction of twenty-five temporary buildings to be erected on the east side of Fitzsimons. The

buildings were to accommodate soldiers to be trained at the hospital as part of a proposed special medical training school. One of eight similar schools in the country, the technician's school would train enlisted men in medical laboratory, x-ray, and clinical work for base hospitals, military posts, or field hospitals. Chiefs of various sections of the hospital would serve as supervisory staff for the school's faculty. The temporary buildings of the school area were to include barracks, wards, school buildings, recreation buildings, headquarters, warehouses, and a mess hall. The first barracks built were to accommodate sixty-three men and were identical to structures being built at the same time at Lowry Field. The mess hall was designed to hold five hundred men at a time.

The Construction Division of the Quartermaster Corps had developed a series of architectural plans for standardized buildings to be used for mobilization. The drawings for hospitals had been prepared in 1935 and consisted of plans for forty-nine buildings, including: administrative offices, clinics, wards, mess halls, personnel quarters, service buildings, and hospitals. The buildings included in these drawings were of a standard size, required small num-





bers of skilled workmen to construct, and were low in cost. The design of temporary buildings emphasized speed of construction, conservation of materials, and assembly-line building techniques.

In April 1941, the first conscripts arrived for training at the Technician's School. Plans for the school expanded rapidly as world events pushed the country closer to war. Originally, three hundred men were to report to the school each month, with about 750 undertaking training at one time. The trainees were housed in twenty-five 63-man temporary barracks. The standard barracks were 29.5 feet wide by 80 feet long and two stories in height. The buildings were of wood platform construction and covered with drop wood siding. Windows were double hung, with panes divided into six or eight lights. Continuous eaves, called "aqua medias," capped all windows. Roofs were wood framed and covered with prepared roofing material.

From September 1940 to December 1941, the number of normal beds in general Army hospitals increased by more than threefold. In October 1941, the total population of Fitzsimons was approximately 3,300, of which approximately 1,200 were patients in the hospital. During that year,

\$109,350 in WPA funds was allocated, employing ninety-six men for eight months, constructing a firehouse, motor repair shop, pipe warehouse, and general warehouse. Most of the buildings were of frame construction, with cement floors. The hospital water system was also updated. Another project during 1941 constructed seven new temporary barracks buildings, two to be used for additional nurses working in the new main building, and one for recreation.

Main Hospital Building

Construction on the new main

building took over two years to complete and, when finished, it was regarded as "the last word in Army hospitals." On 3 December 1941, the hospital building was dedicated by Congressman Lewis and five hundred other dignitaries representing the Army, civic groups, government, and business. The building's construction was considered as a personal triumph for Lewis. The congressman presented the building to Major General James C. Magee, Surgeon General of the Army, who had been a close friend of the late William T. Fitzsimons. Magee stated that "the Army is exceedingly proud of this new structure." Colonel Frederick S. Wright, commanding officer, served as host for the dedication.

The new building, with 290,000 square feet of space, was reportedly the largest structure in Colorado. Its 610 beds gave Fitzsimons a total capacity of 2,252 beds, making it the largest general Army hospital in the country. The building's dimensions were 554 feet in length, 250 feet in width, and 152 feet in height above the ground. The facility was described as "modern architecture, with extra large window space throughout." The **Rocky Mountain News** reported that the hospital had 1,800 rooms and 1,900 windows.

The new building was composed of a concrete framework and





facebrick of seven blended colors. The design included setback, terraced bays to provide maximum light and air, and nine heliotherapy decks. A central tower rose ten stories, and the center portion of the structure was eight stories, with wings ranging from five to seven stories. The base of the building was constructed of Texas sandstone. An impressive porte cochere constructed of Colorado Yule marble distinguished the main entrance of the building. Etched into the walls of the porte cochere were inscriptions in Latin and English reflecting the mission of the hospital, such as, "Welfare, virtue and strength of body from science, courage, and the fine arts." The walls inside the entrance were composed of panels of Colorado Travertine stone and the paving and curbs under the structure were made of granite.

The style of the new building was in marked contrast to the original design of the post's facilities. Not only was the building of greater height and massing, its Art Moderne or Modernistic style contrasted to the earlier, Mission Revival influenced buildings. The major facade was on axis with central entrance parkway from the south, serving as an anchor for the entire facility. Polychromatic

effects were achieved through the use of the different colored brick and several varieties of stone on exterior walls. Verticality was emphasized by the columnar effect of windows, which had rusticated, darker brick between them and colored spandrels of green-black crystalline rock which was sand rubbed to produce a mottled surface. Other elements of the style included the setbacks of varying height, flat roof, and bas-relief sculpture near the top of setbacks and above the entrance, and metal grilles and railings. The top of the central bay was trimmed with a wide band of stone. Flanking the central, landscaped parkway were two large parking areas, and in front of the central tower, a 125-foot flag pole was erected.

White veined Colorado marble was employed in creating massive columns decorating the lobby, in lobby flooring, and in stairways leading to the first floor. Colorado Yule, travertine, and golden Nebo marble were all utilized in the lobby of the building. Streamlined, modern, metal and glass fixtures also decorated the lobby. Aluminum detailing provided a Moderne look for the interior as employed in balustrades, waiting area railings,

mail and lock boxes, and elaborate elevator entrances. Among the new systems incorporated into the hospital's design were a modern doctor paging system and observation galleries looking onto the main operating rooms. Outlets carried oxygen directly from a basement vault to patient rooms. Two dining rooms could accommodate 450 people, while a clinical auditorium in the building had seats for 150. Upper floors were installed with rubber composition floors and special ceilings to deaden noise. Water closets, bath, and shower rooms featured marble walls. Rooms on the south side of the building opened onto an enclosed porch. A therapeutic gym for patient treatment was also within the massive structure.

With the completion of the permanent hospital building the continued operation of Fitzsimons appeared to be finally assured. However, excitement over the opening of the new building was tempered by the gravity of events on the international scene. Those at the dedication agreed with General Magee that "after the national emergency, this huge building will stand as a lasting and enduring building."





Entrance to the Main Hospital

Four days later, the Japanese attack on Pearl Harbor brought America's entrance into World War II. The first patients from the war were admitted to the new hospital building on 17 December and it became filled quickly thereafter. During World War II, military hospitals expanded at a record rate, providing more than twice as many hospital beds in the United States as during World War I. A number of problems resulting from rapid mobilization would surface, including labor shortages, lack of adequate housing near hospitals, and inad-

equate transportation to hospitals. Civilians took over jobs traditionally held by enlisted men, in positions such as medical technicians, orderlies, clerks, and cooks. In addition, a new military unit, the Women's Army Corps, filled a critical need for noncombat services resulting from the war.

Wartime Activities and Expansion: 1942-1945

In 1942, Brigadier General Omar H. Quade assumed leadership of the post. Quade, who served as

commanding officer until 1948, led Fitzsimons during a period of unprecedented expansion of military medical facilities throughout the country. During the height of the war, as many as five thousand patients at a time were at Fitzsimons. In September 1942, there were only fifteen general hospitals in operation, but by January of the following year there were thirty-one. In the midst of the war, speed of construction and conservation of building materials became key elements in design and simple construction plans became the rule.

Colonel Quade reported that in 1942, Fitzsimons had experienced the greatest growth in its history. During the year, one-and-a-half million dollars were allocated for additional buildings, including four wards and a building for nursing staff facilities. The new facilities were of semi-permanent brick construction, similar in design to the original wards. Denver architect Burnham Hoyt was selected as architect and engineer for the buildings. Other buildings completed included four additional wards, two permanent detachment barracks, a bachelor officers' building, and additional warehouse facilities. Existing utilities were also extended on the post.

A new, permanent, post chapel, designed to conform with the





The Post Theater

architectural style and construction materials of the existing buildings, was dedicated on 17 December 1942. The chapel had brick walls, plastered on the exterior, and paneled walls with a natural finish on the interior. The building was specially designed with accommodations for wheelchairs at the rear of the chapel, seating for four hundred persons, and a choir loft.

By 1942, a second technician's school with a capacity of one thousand students had been added to the operations of the post.

The school occupied fifty-nine temporary buildings and was graduating over one thousand men each month. The school at Fitzsimons was said to be the largest institution of its kind in the world. Included in the school buildings were barracks, laboratories, classrooms, a mess hall, and a recreation center. The buildings were built following a single standard plan which provided uniformity of exterior design, but allowed for modification of interiors for special purposes. The completion of the technicians' school in the northeast corner of the post was one of the major accomplishments of 1942.

In addition to its operations at

Army announced the creation of a new Army Air Force technical training school to be located at Buckley Field. Among the other



installations in the state were the Peterson Air field near Colorado Springs; La Junta Army Air Field; Camp Hale, which was located near Leadville; Pueblo Army Air Base; Camp Carson near Colorado Springs, which was the largest military camp in the state; Fort Logan; the Naval Convalescent Hospital

Fitzsimons, the government also expanded operations at Lowry Field and established new camps, posts, training schools, and military hospitals throughout the state. In 1942, the

which was established in the Hotel Colorado at Glenwood Springs; and Fort Lyons Veterans Administration Hospital.

Continued expansion at Fitzsimons was reflected in the dedication of a new theater building. Actress Dorothy Lamour helped inaugurate the 1,035 seat theater in August 1943. Entertainment for patients had long been a concern for the staff, and original facilities had grown outdated. The theater was built by the U.S. Army District Engineers under the direction of Carl H. Jabelonsky. The theater was designed with many special facilities for the hospital's patients while at the same time coping with the scarcities of building materials resulting from

the war. Thus, the theater seats were constructed with a minimum of metal needed for the war effort. The seats were extra large and wide space was left between rows of seating. In addition, some seats were equipped with special hearing aids. A large open space in the middle of the auditorium was designed to provide access for wheelchairs. The

theater space housed a full-size screen, orchestra pit, and large stage.



Murals depicting scenes from Colorado history were painted on the interior walls by Private Philip Henselman. On the exterior, the theater reflected the Art Moderne or Modernistic style of the Main Building, with its rectilinear ornament, geometrical curves, flat planes, a varied roof line, and aluminum detailing on the doors and windows.

During the war, Fitzsimons, like the rest of the country, was asked to operate as much as possible on a self-sufficient basis. The hospital created its own victory garden on its farm, where it produced and preserved vegetables. In 1943, over seven thousand ears of corn and three hundred bushels of beans were grown, in addition to beets, carrots, lettuce, peas, tomatoes, and turnips. Under the direction of Captain E. W. Eckert, much of the food was quick frozen rather than canned.

The hospital's authorized bed capacity in 1945 was 3,417. Specialties in 1945 were general medicine, tuberculosis, general and orthopedic surgery, thoracic surgery, deep x-ray therapy, and psychiatry. Fitzsimons continued to play a vital role in the treatment of tuberculosis during wartime, and the infection rate in the military actually dropped below that of the civilian population following the war.



Old and New hospitals in 1941

Prisoner of War Camp

A prisoner of war camp was established on the post during wartime. In 1942, plans were made for the operation of such camps. The Geneva Convention required that medical care for prisoners of war be equal to that of American troops. When the American forces began capturing large numbers of German and Italian prisoners, those requiring a higher type of care than could be provided for at station hospitals were sent to general hospitals. Fitzsimons was designated the hospital for

treatment of tuberculars.

The Fitzsimons camp was on the southeast corner of the grounds and was composed of standard Theater of Operations style buildings, including prisoner barracks, a mess hall, guard barracks, a recreation area and a lavatory/bath house. Theater of Operations buildings were of the lightest possible frame construction to conserve resources. Exteriors of such buildings were finished with heavy treated paper or fiberboard. Plumbing was centered in separate lavatory buildings and heat came from stoves rather than a central heating plant. The prisoner stockade was surrounded by barbed wire and



had three watch towers on its perimeter. The prisoner of war camp was razed in 1947.

The camp housed Italian prisoners, a few anti-Nazi German

Women's Army Corps

In 1944, a new group of enlisted personnel arrived at Fitzsimons, members of the Women's Army

(WAAC) in order to supply desperately needed manpower for noncombat positions. In 1943, The Women's Army Corps (WAC) was established, granting enlisted women full military status. The WAC volunteers provided the Army with workers in positions requiring civilian skills, such as mechanics, weather observers, carpenters, photographers, intelligence analysts, and heavy equipment operators.

Although the Surgeon General was initially slow to requisition WACs, personnel shortages at the Army's medical facilities by mid-1944 led the Medical Department to request that 50,000 WACs be assigned to care and treatment installations around the world. In the spring of 1944, the Female Medical Technicians Campaign was initiated to attract women into the Corps for medical service. Only highly qualified workers or those who scored highly on intelligence tests were accepted into the program.

In 1945, a severe shortage of nurses led to further requests for WACs to serve in medical facilities. In January, a "General Hospital Campaign" was launched to recruit WACs for medical installations. As part of the campaign, Fitzsimons General Hospital received a giant



WACs were ambulance drivers in World War II.

prisoners, and a few Japanese. Although little information concerning the camp was released to local newspapers, in 1944 headlines carried news of an incident involving three Japanese Navy prisoners. The prisoners in question had been captured in the South Pacific and had spent several months at Fitzsimons receiving treatment for tuberculosis before they were sent to a camp in Wisconsin. In October, the Japanese prisoners died when they were shot by a guard at the hospital. It was reported that the prisoners deliberately started a riot and attacked the guard, forcing him to shoot them as a means of committing suicide. The trio had previously attempted to commit hara-kiri by cutting themselves with a sharp knife. Reportedly, they were the only Japanese prisoners at the hospital at that date.

Corps. The Corps dated to 1942, when Congress established the Women's Auxiliary Army Corps



In 1958 the Women's Army Corps celebrated their 16th anniversary with cake and coffee in the Bruns Room.



bell, which toured Denver, tolling every eighty seconds to mark the return of another American battle casualty needing care.

By the end of the war, over half of the students at the enlisted technicians schools around the country were WACs. Eventually twenty percent of all WACs, or approximately 20,000 volunteers, were involved in the medical field, making the Medical Department the largest employer of the group. As members of the medical staff, WACs served as clerks, social workers, physical therapists, laboratory technicians, x-ray technicians, dental hygienists, pharmacists, optometrists, and medical and surgical technicians.

In order to receive a contingent of WACs, a post commander had to demonstrate considerable need, as the women were only assigned in detachments of fifty or more. In addition, suitable housing had to be provided for the women, including separate barracks at least fifty yards from the nearest men's housing and separate toilet facilities in offices. At Fitzsimons, WAC facilities completed in 1944 included a recreation and administration building, a mess hall, and six barracks. The buildings were situated northwest of the administrative center of the post.

Historians Diane Wasch and Perry Busch have noted that the Women's Army Corps received "separate but better" facilities than male personnel. Among the features added to the women's quarters were

inside toilets with partitions and doors, subdivided showers with shower curtains, bathtubs, window curtains, laundry tubs and ironing boards, storage space for luggage, and fire stairs rather than ladders. WAC quarters were provided with two dayrooms, one for social dates and one for lounging. Often, a beauty parlor was included in part of the dayroom.

The mess hall was often the center of community life for a WAC unit. Historian Mattie Treadwell noted that the unit mess "invariably tended to take on something of the function of the kitchen in pioneer

homes--a center for family life, visiting, and entertainment. To decorate their mess, WACs often added colored paint, potted plants, and curtains salvaged or paid for at their own expense."

End of World War II and After: 1945-Present

The end of World War II led to new fears that Fitzsimons would be threatened with closure. Demobilization occurred at such a rapid rate that "hospital resources built up over a period of more than five years were liquidated in little over a year." By December 1946, only fourteen general hospitals were still in operation around the country. The number of patients arriving began to dwindle, and many patients were transferred to Veterans Administration Hospitals.

During the war, the local economy had continued to benefit greatly from the expansion of nearby military establishments. As World War II ended, there was a sense of apprehension about cutbacks in





Permanent Officers Quarters (1949)

operations at all the local installations. Once again, citizen groups began a campaign to keep the facilities at Fitzsimons open. They stressed that large numbers of sick and wounded soldiers returning from the war required long-term care which the hospital could provide. In fact, the tensions of the Cold War period ensured that the country would continue its global commitments. In 1948, the government approved plans to build a new two hundred unit housing project for enlisted and officer families at Fitzsimons under the Title VIII Wherry Housing Plan. The project was expected to provide only half of the housing needed on the post.

In July 1950, the installation was redesignated Fitzsimons Army Hospital. The facility was annexed to the City of Aurora in August 1955. Aurora enjoyed a period of unprecedented growth in the years following the end of World War II. During this time, the Denver metropolitan area became one of the fastest growing regions in the United States, largely the result of the trend towards suburbanization. As the

Denver area expanded, much of this growth moved out onto the eastern plains of Aurora. Despite a housing shortage, civic leaders had successfully promoted Aurora as a residential suburb in the immediate post-war years. Many of the city's new residents were veterans who had been stationed in Colorado and had found it a desirable place to live.

In the early 1950s, Aurora began annexing the many newly-

platted residential subdivisions which had sprung up around the city's southern and eastern borders. At the same time, the city began annexing large tracts of undeveloped land, laying the foundation for future commercial development. Aurora's boom years continued well into the 1970s and 1980s. The population grew from approximately 75,000 people in 1970, to over 150,000 in 1980, to 222,103 in 1990. Much of



"Soldiers in White" broadcast at KVOD Radio in 1945. This group includes Elizabeth Baylinson, (far left) who also served as a Red Cross volunteer at Fitzsimons until 1996.



Maternity care for servicemember's wives was introduced in World War II



This 1954 photo shows students learning the correct adjustment of the delivery table stirrups in the Clinical Technician Course, Forerunner to the 91B and 91C schools

Aurora's post-war development continued to be a result of the area's military establishments, which had long been a critical factor of the city's economy.

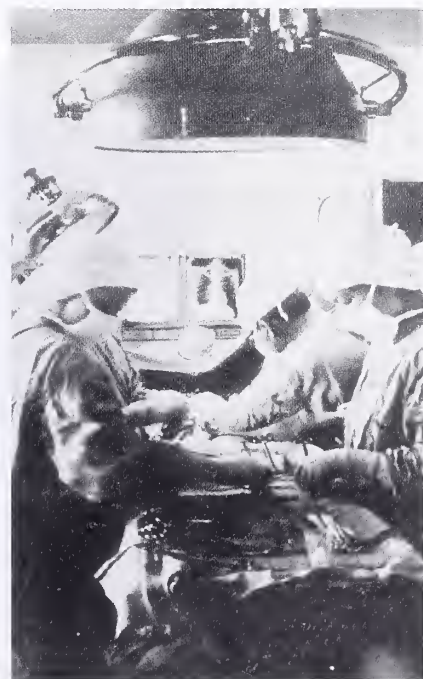
Following World War II, the built environment of the post changed, as a number of temporary buildings were declared surplus and disposed of or put to new uses. From 1953 to 1961, the hospital leased six temporary barracks and recreation buildings to Adams-Arapahoe School District No. 28 for use as a junior

high school. Between 1959 and 1961, thirty-seven temporary buildings were disposed of as surplus.

During both the Korean and Vietnam wars, Fitzsimons continued to serve the medical needs of the military. In 1959, expansion of facilities resulted in the construction of four new permanent buildings to house female officers. On 1 January 1960, the post was renamed Fitzsimons General Hospital. In 1961, services at the installation were

expanded to include neuropsychiatry, obstetrics, pediatrics, radiology, and dental clinics. In 1963, the U.S. Army Medical Equipment and Optical School was transferred to the installation. In March 1973, the hospital was redesignated Fitzsimons Army Medical Center; one of eight such institutions in the country.

In 1972, the post disposed of two parcels of land. The former railroad right-of-way extending north of FAMC was conveyed to the City of Aurora for park purposes and land along the south entrance was conveyed to the Colorado Highway Department for a highway right-of-way. In 1974, a 129-man barracks was constructed on the post, and an additional six temporary buildings were disposed of. The following year, the Post Exchange and the Auto Hobby Shop were completed. In 1980, a Reserve Training Center was built, and three years later, an Animal Housing Facility was added.



Fitzsimons surgeons performed open heart surgery as early as the mid 1950s.

In 1984, two new barracks were erected. The following year, a linear accelerator facility was constructed as an addition to the main hospital building. Four temporary buildings were torn down between 1987 and 1989.

In 1989, Fitzsimons Army Medical Center was removed from Base Closure studies, only to be placed back on closure studies early in the 1990s. The hospital was slated for closure with the Base Realignment and Closure (BRAC) decisions of 1995. When closed in June 1996, the hospital consisted of 342 buildings on 576.51 acres of land. The installation had several missions, including the provision of general hospital support for Army and Air Force hospitals in surrounding states; operation of a facility for fabrication and repair of optical eye wear ; provision of general educational development services for military personnel in several states; utilization as a

major medical training center; service as regional coordinator of medical activity within the region; provision of veterinary services; and provision of dental care and treatment to eligible personnel. Several tenant activities which received administrative and logistical support from FAMC

were also located on the post. Fitzsimons Army Medical Center functioned as one of the largest employers in Aurora and had fulfilled its founders' dreams of playing a vital role in the progress and prosperity of the community. □



While recovering from tuberculosis at Fitzsimons, Corp. Ramon L. Gray received an Army Commendation for his heroic acts as a Korean Prisoner of War.



Sgt. Ernest E. Contrearras, right, was Denver's first repatriated prisoner of war in Operation Little Switch and was a patient at Fitzsimons. Brig. Gen. Paul Robinson, the commander, is shown along with Anthony Contrearras, the patient's father.



Operation Homecoming 1973, when American military who had been prisoners of war in Southeast Asia- some for as long as 8 years- were returned to the U.S. Fitzsimons treated 15 returning POWs released by Vietcong and North Vietnamese early in the year.

The 1960s saw an increase in patient load as the Vietnam combat casualties returned from battle and continued through the seventies.



Lt. Sharon Lane worked in the Recovery Room at Fitzsimons before being sent to Vietnam. She was killed by enemy fire in 1969.



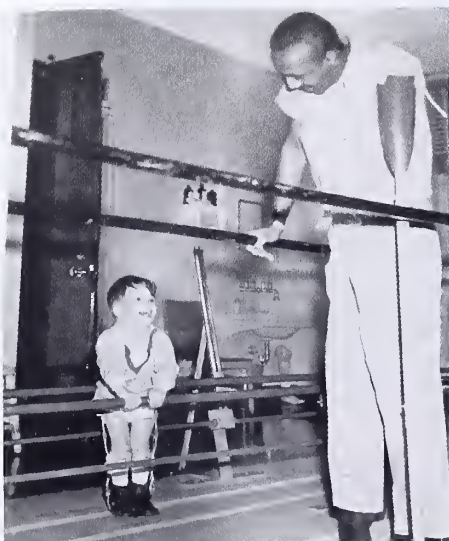
Aeromedical evacuation by helicopter was first utilized by the "Dustoff" pilots in Vietnam. Fitzsimons patients from a 14-state region came in through Buckley Air National Guard Base on C-9 Nightingales.

Rehabilitation Programs



In 1967 World War II double amputee Ewing Mays visited Vietnam amputees at Fitzsimons

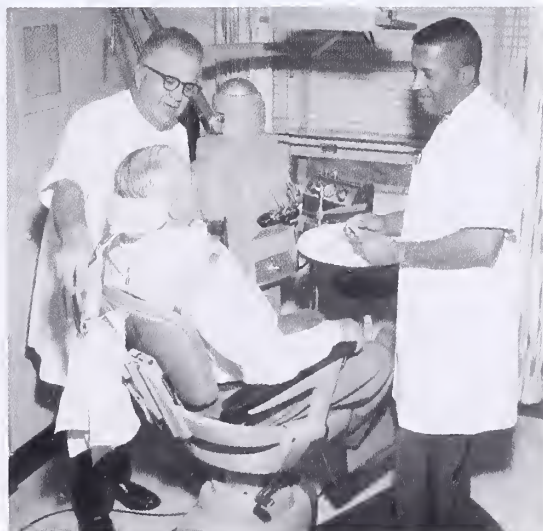
Starting about 1967, Fitzsimons General Hospital initiated several physical and psychological rehabilitation programs for amputee patients. A ski program, initiated by Col. Paul Brown, allowed patients to build strength and confidence while on Colorado ski slopes. Mary Woolverton, a medical social worker at Fitzsimons, utilized her own horses to bring horseback riding into the rehab program. Other programs included water skiing, scuba diving, hunting and fishing.



Specialist 4 Robert Wicht was the first Army amputee to wear the Veterans Administration developed Electronic Elbow System.

Remembering the 60s and 70s

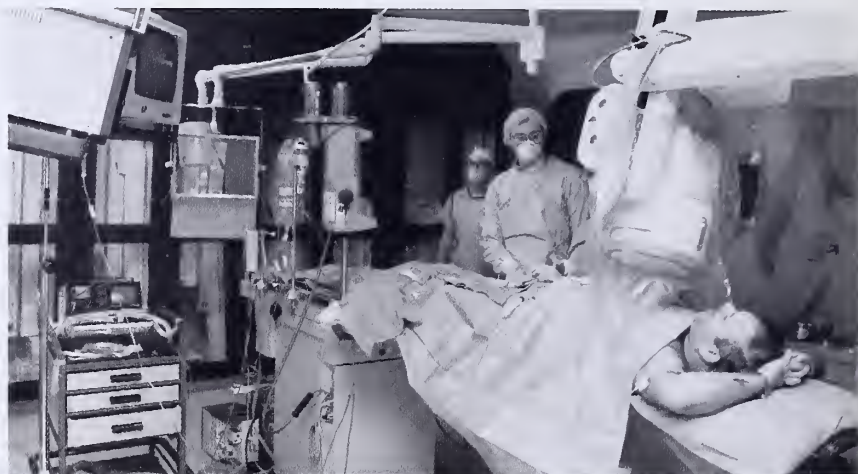
The Name Game: The hospital lived through five name changes since its opening in October 1918. At the beginning, it was U.S. Army General Hospital No. 21. On July 1, 1920, "No. 21" became Fitzsimons General Hospital in honor of the first American officer killed by enemy action in World War I, 1st Lt. William Thomas Fitzsimons. In 1950 the name was changed to Fitzsimons Army Hospital. That name changed with the decade. January 1, 1960 the hospital was redesignated Fitzsimons General Hospital. The hospital took its fourth name, Fitzsimons Army Medical Center March 1, 1973. The facility became U.S. Army Garrison Fitzsimons with the closure in June 1996.



World Class Health Organization



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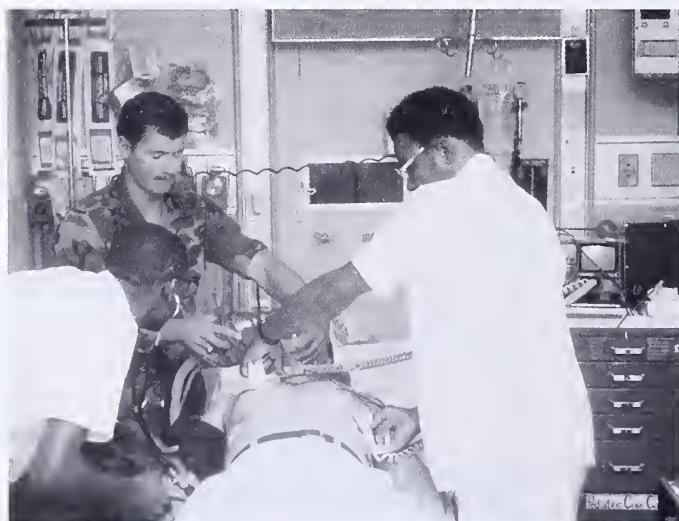
In November 1984 a new \$1.8 million Cardiac Catheterization Laboratory opened. That year, 960 catheterization procedures were performed.



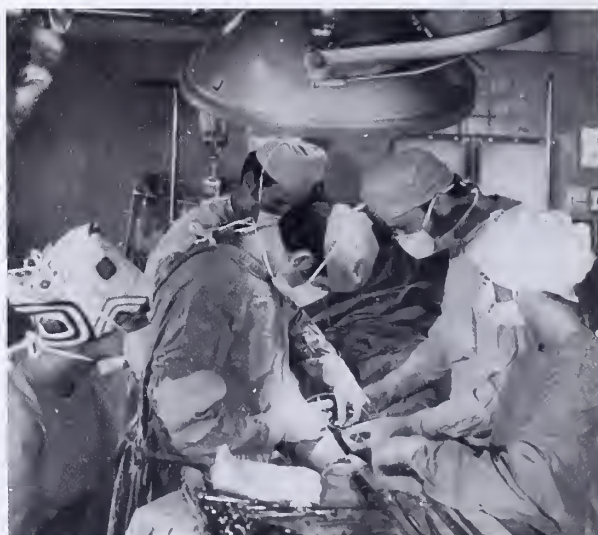
Fitzsimons started a pediatric intensive care unit for increased monitoring of premature babies



Pediatric care was an important benefit for soldiers families.



Emergency Room





Medical Records Department



Pharmaceuticals were dispensed from an automated prescription system starting from the early 1980s.



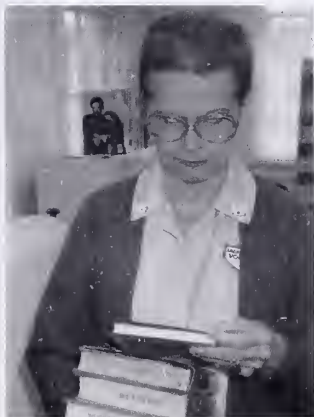
Ocular microsurgery began in the seventies.



Litter bearers load a patient on the Flight for Life helicopter for transport to an area hospital.

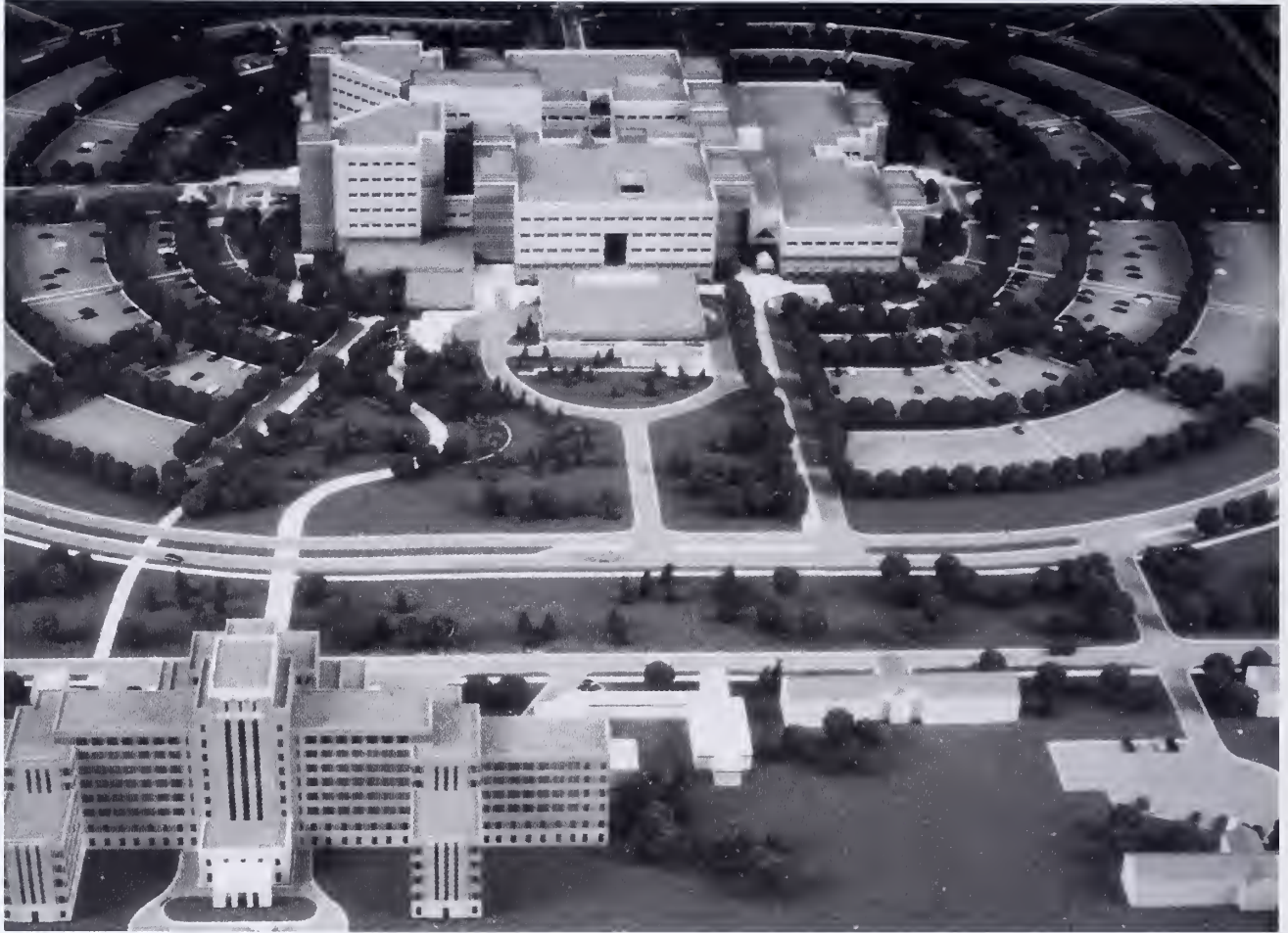


Preventive Medicine specialist prepares a water sample in the Environmental health Section.



The United States Army Medical Equipment and Optical School has trained Army, Navy and allied forces service members in the repair and maintenance of medical equipment since 1963 as a tenant of FAMC.

Fitzsimons Army Medical Center 2001



After careful economic studies in the late 1980s, it was decided that it would be necessary to build a new hospital. The President and Congress agreed to authorize \$390,000,000 to construct the replacement hospital and appropriated \$57,400,000 for projects in the 1992 fiscal year. The building plan from Brooke Army Medical Center at Fort Sam Houston was to serve as the template for the new structure.

The projected opening date was the year 2001. The replacement hospital was designed for 450 beds with 11 wards and was to be three

times larger in gross square feet than the old hospital. The facility was planned to have 2,888 parking slots, a two-car drive-up pneumatic tube pharmacy service, 32 different elevators, a conveyor system for the movement of small items (such as records, supplies, pharmacy items, and pathology specimens), and possibly Automatic Guided Vehicles to deliver supplies to patient units. The replacement hospital was going to be built 800 feet (about two and a half football fields) from the old facility. The old hospital was not going to be torn down but was to be converted to administrative offices.

However, two events in 1995 dramatically changed the course of health care delivery for the Fitzsimons community. The Department of Defense initiated a contract for health care of military dependents called TriCare. This would place health care delivery into the hands of civilian physicians and replace direct military involvement. The Base Realignment and Closure decisions determined that Fitzsimons was to be closed. These two decisions would close the chapter on Army medicine at Fitzsimons forever.

Mass Casualty Exercises



This 1985 mass casualty (MASCAL) exercise was held at Buckley Air National Guard Base.



April 1964 MASCAL exercise "Ever Ready" tested the ability to handle "hundreds of simulated casualties caused by the crash of a transport plane into a barracks".

Over the years, Fitzsimons participated in numerous mass casualty exercises. In the 80s, the Civilian and Military Contingency Hospital System (CMCHS) provided opportunities for FAMC medical personnel to participate with area civilian hospitals in exercises to measure the capability to respond to medical disasters.

Later, FAMC served as the local coordinator for the National Disaster Medical System (NDMS). The NDMS mission ended in 1996.



Deployments

Fitzsimons personnel were among the earliest to deploy to Panama during Operation Just Cause in 1989. In Operations Desert Shield and Storm, hundreds of soldier medics from Fitzsimons deployed to southwest Asia while others remained behind to care for the incoming casualties.



Farewell for Deployment



Representative Pat Schroeder talks to PFC Travis Dennis, of the "Big Red One" (1st Infantry Division at Fort Riley, Kansas) while Fitzsimons Army Medical Center Commander Brig. General Thomas E. Bowen looks on. Dennis, who was wounded in a friendly fire accident during Operation Desert Storm, was a patient at Fitzsimons in March 1991.



Gulf War parade July 4, 1991



In support of the troops who were deployed in support Operations Desert Shield and Storm, the hospital was draped in yellow ribbons.

Fitz hosted World Youth Day '93



Over 550 World Youth Day '93 participants took up residence at "tent city" just south of Post Exchange August 11-16, 1993.

World Youth Day is an annual pilgrimage of young people, ages 13 through 39, sponsored by Vatican City in the interest of world peace.

Most of the participants hosted by Fitzsimons were from the Archdiocese of Portland in Oregon.

General purpose tents and cots were furnished by DoD installations as far away as Tobyhanna, Pa. and Ogden, Utah. The tents began going up July 16 and the entire project was completed by August 9.



Modern Construction 1990-1996



The Zachary and Elizabeth Fisher House, opened in 1993, was used to provide a supportive group home environment for patients' families during illness.



Community Club ground breaking October 1993, grand opening happened in late 1994.



Fitzsimons new power plant was completed in October, 1996



Fitzsimons Credit Union opened May 17, 1993.

The End of an Era



June 1996 marked the end of the Graduate Medical Education program which has its roots in the early days of Fitzsimons. This was the last class which included 26 interns, 46 residents and five fellows.



The water tower was torn down in 1995.

Fitzsimons was one of the largest employers in Aurora for many years and numerous service members elected to retire here after serving at the post.

Two years on the heels of the Lowry Air Force Base Closure, the Aurora community felt abandoned by its government leaders. In February 1995 with news of the impending closure of Fitzsimons, the local

residents, businesses and politicians rallied to save its landmark military post.

Senate hearings were conducted and the Base Reuse and Closure Commission visited the 77-year old facility. Community support was strong, but the budgetary constraints of the Defense Department dictated a hard decision. Fitzsimons was to close.



Retired Air Force Major Norris Cowan had one of the last surgical procedures at Fitzsimons.

Over the years, the history of Fitzsimons has been written and rewritten, the dates are recorded, the buildings are photographed and the events are summarized in countless reports. But, the real history lies in the names behind the people who lived here, worked here, were born here, and in some cases died here. Their names may be forgotten, but their memories will live forever.



Presentations were made



Fitzsimons commanders posed for one last photo



Receiving line



A final toast to Fitzsimons Army Medical Center

June 8, 1996

The Inactivation Ceremony



Fitzsimons Army Medical Center flags are flown for the last time.



U.S. Army Garrison- Fitzsimons banner replaced the medical center banners.



Lt. General Alcide M. Lanoue, the Army Surgeon General, addressed the last graduate medical education class.



Brigadier General John S. Parker gave his final comments about closing the medical center.

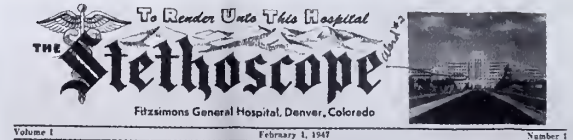
History of The Stethoscope

Post newspaper weaves historic tale

By Helen Littlejohn

The history of the Public Affairs Office and the post newspaper are inextricably intertwined. The office was originally known as the Public Information Office and was responsible for disseminating information externally to the general public as well as internally to the military and civilian workers and their families of the post. Special VIP visitors and events were coordinated in the office and as late as 1960 the officer in charge also had duties as postal officer, assistant adjutant, assistant security, intelligence and cryptographic officer. The role of historian for the post was later assumed as the tremendous amount of historical documentation and property accumulated. The post newspaper "The Stethoscope" was first published in April, 1943 in mimeograph form and was changed in September of that year to offset printing. It was printed by A.B. Hirschfeld Press, a Denver printing company that held the contract for most of the years through the early 1990s.

But the presence of a command information tool goes back as far as Nov. 27, 1918 with publication of "The Hospital News Letter," published at U.S.A. General Hospital No. 21. A front page article read, "The Committee on Publication of this little 'News Letter' is



CG OK's New Stethoscope

KFG TO BE DEDICATED THURSDAY

Inauguration of the new radio station will be Thursday evening at a special dedication program in the post theater, Brig Gen. Oscar H. Quade, commanding officer of FGH, announced this week.

DENVER RADIO STARS

Highlighting the dedication program will be entertainment provided by radio stars from all Denver radio stations, which are KJLH, KJLH, KJLH, KJLH, and KJLH.

THEATER COOPERATES

The post theater personnel, under the direction of P. (Chuck) Calvey, will work in close coordination with the radio staff. Other members of the theater staff are Harry, George, Tony, and Pfc. "Shorty" Givens.

1st Lt. Frances M. Yenick, special services officer, has been working closely with the radio personnel in developing this program.



60 LONG STETHOSCOPE—The print shop staff were gathered in the FGH press after printing it for more than three years. Left to right, Jim Dallas, Helen Buehner, Maj. V. I. Nelson, medical supply officer in charge, Nancy Peters and Alvin (Doc) Gallegos. Bob Vaughn was on farleft when picture was taken.

Print Shop Staff Says Farewell to Stethoscope

With more than three and a half years of service to the Stethoscope, the print shop staff say "so long." The job of printing the FGH paper started Sept. 3, 1943, just after the Stethoscope stopped being mimeographed.

Maj. Victor Nelson, MAC, the post medical supply officer, has been in charge of the shop since last September, and it is just another job "in addition to his duties."

Maj. Nelson also serves as courier and recorder of the Central Post Fund.

Alvin, (Doc) Gallegos is the veteran of the shop's old mimeograph press, and he is just as capable as the new press. He has been with the print shop four months.

Pfc. Bob Vaughn, from Springfield, Ill., is the man that gets the paper ready for printing, cutting the story into hundreds of different sizes. Bob is the youngest of the staff. She is the oldest.

General Quade Approves Bigger Printing Budget

Authorization to print the Stethoscope in Denver was approved last Saturday by Brig Gen. Oscar H. Quade, commanding officer of FGH, at a special meeting of the Central Post Fund Council.

The increase in the printing budget was not drastic, but it is believed to be considerably more than the old one.

The new Stethoscope, which is being printed by the A. B. Hirschfeld Press, is under the supervision and editing of Jim Dallas, MAC, Johnston J. Winkler is managing editor.

The Stethoscope was first published in April, 1943, in mimeograph form, and was changed in September of the same year to the process just previously used.

Hime Drive Dims \$634

"The March of Dimes drive at FGH has been successful," stated 1st Lt. B. C. Reed, chairman for the campaign, Thursday.

To date, \$634.76 has been collected in 10-1/2 of the fight against polio. This includes \$225 contributed at the post theater last week.

FGH Sergeant Heavyweight Champ—P. 8

submitting you their first copy, and as to whether future copies of this letter will be issued is largely dependent upon the employees engaged in the construction of this hospital. We feel that with the number of employees that are engaged on this work, sufficient news items and articles of interest may be contributed to make this publication 'a habit,' and we hope that each and every one of you will make suggestions and let us have copy for future numbers." Signed, Major W. J. Cameron, Alex. Simpson, Jr., Capt. F. T. Wood, W. J. McCandless, all of the Publication Committee.

The next publication to debut was the "Tenshun, 21!" in 1919. Each issue had a section devoted to the various elements on post; "Pajamas and Slippers" for patients; "Hobnails and Canvas for the enlisted soldiers; "Putts and Bars" for the officers and "Caps and Cushion Heels" for the nurses. Each column detailed the comings and goings, trials and tribulations, of the corps, done mostly with a humorous touch. To wit: (Patients) Schwenker, Malally and Harris will be eligible for free memberships in this (Suicide) Club if they keep their beds out on the porch. They were almost blown off the other night, and in the daytime it is necessary for them to put rocks on the beds to keep the sheets down. In a racier vein, reporters noted that "She can have none of my jelly



Department of the Army
FITZSIMONS GENERAL HOSPITAL
Denver 8, Colorado

CHRISTMAS GREETINGS

CHRISTMAS has arrived again. It is hoped that through the fog of misunderstanding and distrust of the present day world, we can pause this day and see the steadfast light of the first Christmas, which has endured two thousand years and will endure two thousand more, plus.

The mission of Fitzsimons is one of help and care of the sick. Let us carry it out faithfully.

May you one and all, sick and well, have a gracious, friendly, and pleasant YULETIDE.

F. H. ROBERTS
Brigadier General MC, USA
Commanding

1949



Golden Anniversary Issue

1918 — 1968



*Commemorating the 50th Anniversary
of Fitzsimons General Hospital*

chedule of Anniversary Activities, Pages 7-10

roll,” is Pvt. Horton’s favorite expression.” It’s uncertain just when publication of ‘Tenshun, 21! stopped, but in a March, 1920 edition, a lengthy poem decried the need for contributions; “solve the problem of the cash and we’ll make old ‘Tenshun permanent--otherwise ‘twill surely crash.”

In a Fitzsimons scrapbook from 1929, the first copy of “The Fitzsimons Pill-Roller”, printed by mimeograph, and published without expense to the United States Government, noted that the publication was a ‘new recruit’ with a purpose of promoting good feelings and to acquaint the ‘pill-rollers’ of the events of not only our post, but the events which pertain to Army life in general...an early reference to what we now call command information. The term ‘pill-roller was a nickname for medics. The paper cost fifteen cents a month or five cents a copy, which was used to produce and expand the paper. Readers were encouraged to submit news items or jokes. A news report told of the 37th Annual convention of the Association of Military Surgeons of the United States, held at Fitzsimons with foreign representatives from Great Britain, Italy, China, Mexico and Spain.

The name “Pill-Roller” was short-lived, and then Commander Col. Paul S. Hutton recommended that the name be changed to something more suitable. The new name was the Caducean, starting Nov. 1, 1929. Interestingly, the name Caducean was later adopted by the Army

hospital at Tripler and carried until the paper ceased publication in 1988.

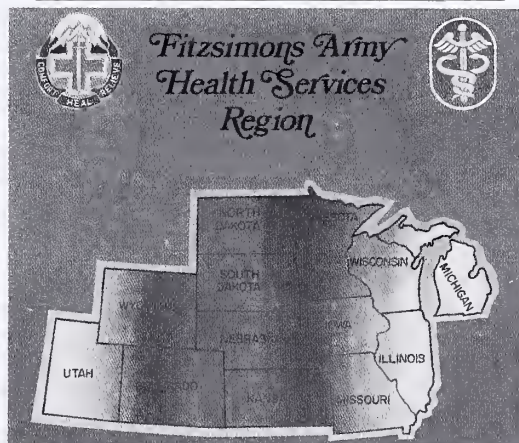
Oddly, one of the most significant events in our history has no record in the office, the grand opening of the “new” hospital, Dec. 3, 1941. Could it be that the furor of Pearl Harbor in WW II precluded the preservation of so monumental an event?

“The Stethoscope” first edition was published Oct. 1, 1943. MSgt. Fred Mitchell was the first editor and directed the paper for its first five years. He returned as a civilian in 1966 and worked as the chief of the Employment and Services Section. According to an article in the Oct. 30, 1969 edition, early issues of the mimeographed paper carried articles about the War Bond Drives, Maj. Chu’s predictions about the defeat of the Japanese and dedication of the post theater.

In July 1951, The Stethoscope took on a new dimension with a live radio broadcast, “Stethoscope On the Air”, which aired every Friday at 1230 hours on the Fitzsimons radio station KFG. The radio station had a predecessor in the 1920s, AA-3 radio telegraph, which later changed to KEUP. The radio station was used for instruction purposes in the Educational and Rehabilitation Section. Its operator was Joe Turre, who later set up the early police radio in Denver. Later that year the popular column “Roving Reporter” debuted, designed to stay on the pulse of soldiers’ opinions about military life. Each week, the 2,000 copies hit the street on Friday mornings.

The Stethoscope

Vol. 43, No. 16 Fitzsimons Army Medical Center Aurora, Colorado 80045 August 14, 1986

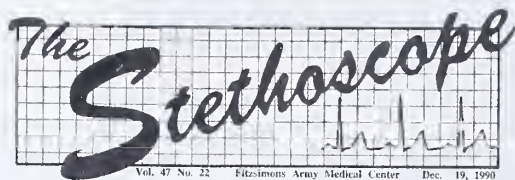


Regional states number lucky 13

The figures represented below reflect the number of active, dependents by category and state where they reside within the FAHC 13 state Health Services Region and are based on data received from the DEHS Support Office, Office of the Secretary of Defense. The data is based on unclassified beneficiaries as of Dec. 31, 1984.

	ACTIVE	DEP/AD	RET	DEP/RET	DEP/DEC	OTHER	TOTAL
Michigan	10,510	17,013	20,792	24,827	2,341	4,300	79,633
Illinois	33,014	42,423	27,851	33,313	4,146	967	138,516
Wisconsin	1,807	3,257	12,038	13,966	1,463	1,079	33,325
Minnesota	1,737	3,198	11,795	13,287	1,360	723	32,100
South Dakota	11,086	17,436	2,452	2,430	212	165	34,524
South Dakota	6,473	9,444	3,472	3,618	415	295	21,418
Iowa	11,036	9,979	7,799	8,668	865	272	20,809
Nebraska	13,170	22,983	8,870	10,900	1,075	246	57,216
Kansas	22,736	36,769	16,734	17,945	2,237	668	87,132
Colorado	40,668	50,954	24,622	45,596	5,157	1,077	177,884
Utah	6,625	12,277	5,862	6,542	1,028	156	37,327
Wyoming	3,092	5,738	2,942	3,638	322	71	16,593
Missouri	29,310	28,343	28,710	31,228	3,789	1,452	118,128
	202,299	248,300	179,739	218,078	24,763	11,413	684,994

*Other - Unaffiliated FHS, NOAA, Coast Guard plus all FHS, NOAA, CG retirees and dependents. See story on page 5.



The focal issues during the 60s and 70s were the casualties from the Vietnam war. Their stories and triumphs were told in numerous articles. Coverage of the amputee ski program, POWs, Operations Baby Lift and Parent Lift prevailed. The 80s and 90s issues covered the "new" Army and the tremendous advances in medical technology and ended up with coverage of another war, this time in the Persian Gulf. As soldiers deployed and families waited, The Stethoscope was there to document their histories.

Finally, when the last threat of closure became reality, the congressional hearings and public outrage over the closure made front page news. The gala dinner, final GME graduation and inactivation ceremony, to commemorate the closure of the 78-year history of the medical center never made the post newspaper; there no longer was a paper due to staff departures. Formal publication of "The Stethoscope" stopped just before the closure of the medical center in the spring of 1996 and later that year a new final publication was born, "The Garriscop" in honor of the new mission of the installation, now a garrison.

Over the years, the frequency varied from weekly to biweekly and in some leaner times even monthly. While the first issue in 1918 came out on a Wednesday, in the 40s it was published on Saturdays, in later years on Wednesdays, Thursdays and Fridays. The size of the paper has varied through the years as well, starting with

the large tabloid in 1918 at 11" x 16"; 8 1/2" x 11 in the 40s, 50s and 60s, then to another tabloid 11" x 14" until 1989. The advent of desktop publishing brought the final change in size and since 1990 the paper has again been 8 1/2" x 11".

All of the young military (and later civilian) staff writers through the years told the stories of the people who lived and worked here, always with the mission of keeping soldiers informed. The newspaper stories are now bound together in hardback maroon, the color of the Army Medical Department, to serve as the collective memory of all who passed through the gates. To those who'll someday leaf through the yellowed pages, know that we were here; what we did mattered and we completed our mission faithfully, consistently and with great honor.

The post newspaper served to inform its readers of events at Fitzsimons and became an indispensable historical document.

The Stethoscope

Vol. 52 No. 2 Fitzsimons Army Medical Center, Aurora, Colo. January 24, 1996



photo by Sgt. Martin G. Foywood
Purchases made by Thrift Shop patrons allow the Thrift Shop and the Officers' Wives Club to donate money to various FAMC events, including merit scholarships.

Thrift Shop, OWC to award scholarships

Applications for the Thrift Shop Officers' Wives Club merit scholarship will be available Feb. 1 at the Thrift Shop and metro area high school guidance counselor offices.

More than \$10,000 in scholarship money was awarded last year. Money for these scholarships is generated by Thrift Shop sales, fund raisers for the Officers' Wives Club and an award from USPA/IRA insurance company.

To qualify for the scholarship, applicants must meet the following eligibility criteria.

- Have a valid military ID.
- Be a family member of active duty assigned to a facility in the metro area or retired military, sponsor must live in the metro area.
- A minimum 2.75 grade point average; and

- Be a graduating high school senior or full time college undergraduate/graduate or vocational student.

The deadline to submit your application is April 12. For more information or questions concerning the scholarship, call Dotti Wilson at 388-5597.

The Thrift Shop is open for business from 9 a.m. to 3 p.m. on Tuesdays and Thursdays. Consignments are taken on these days from 9 a.m. to noon, or 50 consignors, whichever comes first. The Thrift Shop is also open for business on the first Saturday of each month from 9 a.m. to 1 p.m.

THE HOSPITAL NEWS LETTER

PUBLISHED AT U. S. A. GENERAL HOSPITAL No. 21



VOL. I

Denver, Colorado, November 27, 1918

Number 1

Our First Birthday

The Committee on Publication of this little "News Letter" is submitting you their first copy, and as to whether future copies of this letter will be issued is largely dependent upon the employees engaged in the construction of this hospital.

We feel that with the number of employees that are engaged on this work, sufficient news items and articles of interest may be contributed to make this publication "a habit," and we hope that each and every one of you will make suggestions and let us have copy for future numbers.

MAJOR W. J. CAMERON,
ALEX. SIMPSON, JR.,
CAPT. F. T. WOOD,
W. J. McCANDLESS,
Publication Committee.

The Organization of the Construction Division of the War Department, and What Their Results Were in One Instance

By F. T. Wood Capt. Engineers, U.S.A.

In May, 1917, the Cantonment Division was established and October 5, 1917, the Secretary of War directed that all building and construction in the present emergency be executed by this division.

On February 19, 1918, the Cantonment Division was directed to report to the office of the Chief of Staff, and on March 13, 1918, was made the Construction Division of the Army.

Under date of April 10, 1918, it was ordered that all plans, specifications and estimates for construction work be prepared by or under the supervision of the Construction Division upon general requirements given in advance by the Bureau involved, and further, that all engineering services and services of contractors in connection therewith, were to be obtained by the Construction Division.

The Construction Division is operated under seven (7) heads, viz.:

- (a) Building Division,
 - (b) Engineering Division,
 - (c) Contracts Division,
 - (d) Procurements Division,
 - (e) Administrative Division,
 - (f) Accounting Division,
 - (g) Maintenance and Repair Division.
- Upon the declaration of war April 6th, 1917, the immediate need of accommodations for a large army was seen and the Construction Division undertook the task of constructing sixteen National Army cantonments, costing from eight to twelve million dollars each, sixteen large National Guard camps, numerous general hospitals, large Motor Corps Repair Shops, Coast Artillery Posts, Coast defenses, Interior Posts, Ordnance Depots, War-houses, Quartermaster Depots, Lighters, Terminals, Proving Plants, Aviation Fields, Chemical Plants, large Housing Plants, and, in fact, all of the construction necessary to the successful carrying on of the war.

Before coming to Denver the writer was stationed at one of the large National Guard cantonments and was there from the beginning of construction until completion. Ground was broken on July 1st, 1917, and on September 1st, 1917, 25,000 National Army troops were accommodated. The camp is seven and

President Proclaims November 28 as Thanksgiving Day

(By Associated Press)

Washington, Nov. 17.—President Wilson in a proclamation today designated Thursday, Nov. 28, as Thanksgiving Day and said this year the American people have special and moving cause to be grateful and rejoice. Complete victory, he said, has brought not only peace, but the confident promise of a new day as well, in which "justice shall replace force and jealous intrigue among the nations."

The proclamation follows:
By the President of the United States
of America
A PROCLAMATION

It has long been our custom to mark the autumn of the year in praise and thanksgiving to Almighty God for His many blessings and mercies to us as a nation. This year we have special and moving cause to be grateful and to rejoice.

God has in His good pleasure given us peace. It has not come as a mere cessation of arms, a mere relief from the strain and tragedy of war. It has come as a great triumph of right. Complete victory has brought us not peace alone, but the confident promise of a new day as well, in which justice shall replace force and jealous intrigue among the nations. Our gallant armies have participated in a triumph which is not marred or stained by another purpose of selfish aggression. In a righteous cause they have won immortal glory and have nobly served their nation in serving mankind.

God has indeed been gracious. We have cause for such rejoicing as revives and strengthens in us all the best traditions of our national history. A new day shines above us, in which our hearts take new courage and look forward with new hope to new and greater duties.

While we render thanks for these things, let us not forget to seek the divine guidance in the performance of those duties, and divine mercy and forgiveness for all errors of act or purpose, and pray that in all that we do we shall strengthen the ties of friendship and mutual respect upon which we must assist to build the new structure of peace and good-will among the nations.

Wherefore, I, Woodrow Wilson, president of the United States of America, do hereby designate Thursday, the 28th day of November next, as a day of thanksgiving and prayer, and invite the people throughout the land to cease upon that day from their ordinary occupations and in their several homes and places of worship to render thanks to God, the ruler of nations.

In witness whereof, I have hereunto set my hand and caused the seal of the United States to be affixed.

Done in the District of Columbia this 16th day of November, in the year of our Lord one thousand nine hundred and eighteen, and of the independence of the United States of America, the one hundred and forty-third.

WOODROW WILSON,

By the President.

ROBERT LANSING,

Secretary of State

Base Hospital Rises in Colorado Prairie

TO HAVE BEDS FOR THREE THOUSAND MEN

Twenty-one of Seventy-eight Permanent Buildings Ready to Receive Invalided Soldiers from Overseas

(Special Correspondence of The New York Evening Post)

Denver, Colo., Oct. 15.—General Hospital No. 21, equipped to receive 3,000 soldiers invalided home from overseas, is rapidly nearing completion on the outskirts of Denver. Twenty-one of its seventy-eight buildings are now ready, and temporary boilers have been installed, so that there will be ample heat for the comfort of the wounded.

The story of this immense hospital plant is only another of the long list of constructive American achievements during the war. Besides sending its men out

to fight as quickly, as safely and as effectively as possible, the Government is looking ahead of their home-coming and their rest and recuperation from battle's horrors. A number of these recuperation camps are being erected in various sections of the country, but the Denver hospital is so far the only permanent structure.

Only last April a group of men, armed with blue-prints and official authority, arrived at the chosen site, about seven miles to the east of Denver, a clear stretch of wind-swept prairie, grass-covered and unmolested, overshadowed by the towering Rockies. On May 4 the first spadeful of soil was turned, but it was June before enough materials could be assembled and a real start made, for the prairie provided air and sunshine only. Brick and stone, plaster and lath, water, gas and electricity were required, and all had to be brought to the camp.

All this vast piece of construction has been accomplished in a little more than four months, and Major W. J. Cameron, constructing quartermaster, confidently predicts the completion of the entire seventy-eight buildings by January 1, unless the Government shall redouble its present orders. As originally planned, there were to be forty-eight buildings, and provision for 1,000 soldiers. That sooner or later room will be made for 5,000 is what the authorities anticipate.

In this hospital everything is designed for the speedy nursing back to health and useful citizenship of the men who have risked their lives in their country's service. Modern medical and surgical equipment is being installed, and some of the best medical authorities of the country have been detailed to the work. Major W. P. Harlow of Boulder, Colo., is the commanding officer.

Besides the care from doctors and nurses which the patients will receive, trade schools are included in this Government health town, for a man who is hurt is always a healthier and happier man than he who is idle. The armless or legless soldier will not only be provided with an artificial substitute, but will be taught to use it either at his old trade or a new one. Many vocations are open to the wounded man for self-respecting maintenance—farming, gardening, chicken raising, photograph retouching are among the simplest and most readily available, and these and other avenues are being investigated by our Government here and also in France and England.

The main infirmary is nearly 900 feet long, but only 34 feet wide, a scheme of construction which prevails throughout the camp. There are no courts or inside rooms in this hospital; every room is an outside one, with many windows and all the air and sunshine an ill man's lungs can absorb. When the patients are strong enough to be out of bed, there are sun parlors and porches, and a long covered board-walk for invalid chairs. Walking through this building, the visitor sees ahead vista after vista of wards apparently telescoping one into another, so great is its length. Everywhere there is

an air of cheerfulness and comfort. The walls are the color of sunshine, warm and soothing to the eye, and the furnishings and woodwork are white or light gray. A runway from the infirmary leads to the operating or X-ray rooms and also to the general mess.

The tubercular wards are isolated from the main infirmary and are so constructed that even a patient confined to his bed may practically live out of doors. One side of the building is screened and equipped with canvas, which can be manipulated from the bed. All these wards have provision for partial or entire privacy in special cases. It is estimated that 80 per cent of the men in service are in danger of contracting this disease through exposure and unusual living conditions, or because of a tendency to tuberculosis which exposure will develop. This hospital is a part of extensive Government preparations to combat and stop its ravages among wounded soldiers.

In addition to the hospital quarters, there is a fully equipped inoculation laboratory, called by the men an "animal house," an operating pavilion, X-ray rooms and surgical wards, and such maintenance features as a laundry, storehouse, and so forth. Five messes are provided, a large general mess which can accommodate 800 at one time, and four smaller ones for nurses and officers. In charge of the culinary arrangements is a former steward of the Vanderbilt Hotel, New York, Lieut. Rene Lucien Briere, who for three years has fought under French colors. The kitchens with their ranges, refrigerators and utensils, are fully equipped for the refreshment of the small city of soldiers and attendants that the hospital will eventually shelter.

A Red Cross building with its symbol in stone over the door stands midway among all these extensive quarters for sick soldiers. This will serve as a recreation center for soldiers and nurses. Many nurses have already arrived and are occupying the quarters provided for them. Major Cameron estimates that one-third as many more attendants as there are patients will be required. A chapel is being built, a large administration building, and there are, of course, officers' quarters, the latter now nearing completion. A nursery of thousands of trees and shrubs now await planting on the finished grounds.

Shortage of labor has not passed General Hospital No. 21 by in its advance throughout the country, but the work

(Continued on page 2)

The Departments

Administrative Directories

Directorate of Contracting

Directorate of Information Management

Directorate of Logistics

Housekeeping Services

Directorate of Nutrition Care

Directorate of Personnel and Community Activities

Directorate of Plans, Training, and Security

Directorate of Public Works (Engineering and Housing)

Directorate of Resource Management

Managed Care

Optical Fabrication Laboratory

Patient Services Division

Provost Marshal

Directorate of Contracting



The Directorate of Contracting provides contracting support to Fitzsimons Army Medical Center and all other organizations, assigned or attached. Area support and direct support of other organizations is outlined in the installation service support agreements. Contracting support is defined as the planning, directing, and supervising of purchasing and contracting for supplies, services, and construction to provide customer needs items/services in a timely manner at a fair and reasonable price. This Directorate's statement of purpose is, "To furnish our customers with effective and efficient customer support."

The Directorate is composed of Director, Major Earle Smith II, and three divisions with one supervisor for each division: Chief, Purchasing Division, Charlene Bailey; Chief, Contracting Division, Emily Mathis; and Chief, Contracting Administration Division, Cornelius Brown. This Directorate is presently administering over 132 large (over \$25,000) contracts totaling more than 28 million dollars. Last fiscal year, 57 large contracts were awarded, totaling more than \$10 million. The Purchasing Division had over 15,258 purchasing actions (less than \$25,000) totalling more than \$15 million last fiscal year.

Directorate of Information Management



The Directorate of Information Management (DOIM) provided a variety of services in support of the medical center, facility operations, and tenant units. The DOIM created and directed

-local strategic planning for computer automation projects

- automation security
- supported visual information
- communications infrastructure and connectivity
- publications and printing
- full service Army Mail Room
- processed Privacy and Freedom of Information Act documents and materials

All activities within the DOIM were interrelated and strived to enhance methods of sharing information within and between the Medical Center, the Central Health Services Support Area, the DoD Region 8 Lead Agency and the AMEDD (Army Medical Department).

Significant achievements include:

- creation of a comprehensive hospital information system which supported 1,200 health care providers in two states (Fitzsimons Hospital Information System - FITZ-HIS)
- a facility-wide Local Area Network with Internet connectivity supporting 1,400 users.
- continuous support and maintenance of a 4,200 telephone and data line system.
- production of more than 450,000 illustration and photography products yearly.
- administrative service support to over 450 files stations requiring 1,600 publications and forms
- year around processing of over 6,000 pieces of mail a month and maintenance of 1,200 individual mail boxes.

The leadership and technical contributions achieved by the DOIM military and civilian employees, throughout the history of the directorate, is directly related to the progressive and supportive posture of the FAMC command staff. Our gratitude goes to them for their vision and support.

Directorate of Logistics



Maintenance Division

The mission of this department is to provide logistics support for Fitzsimons Army Medical Center and the installation of Fitzsimons which encompasses the following: provision of supplies and services; maintenance and management of materiel; movement of materiel and personnel; and logistical planning and resource management.

The major accomplishments of this departments have been in transportation by providing movement of household goods for authorized personnel throughout 26 counties in Colorado, Kansas, and Nebraska; in equipment acquisition programs by programming and funding for all new equipment to support the medical center, installation, several clinics, and four medical activities; and providing medical supply support to over 100 activities.



Headquarters Administrative Division



Supply personnel



Nome Street warehouse
personnel

Transportation personnel



Housekeeping Services

Housekeeping services at Fitzsimons Army Medical Center was contracted out to private contractors under the auspices of the Small Business Administration's Section 8(a) program, a small business set aside for minorities. Beginning in July 1981, the housekeeping contract was awarded to NCT Services Inc., a janitorial company headquartered in Kansas City, MO. NCT Services performed this contract until April 15, 1991. The contract was subsequently awarded to Leon's Janitorial Service, and a short time later, to Martec. Beginning April 1, 1994, LMS Chemical/dba Pacific Environmental Services was awarded the contract, and has performed the housekeeping services to date. With the exception of a two year hiatus, all management personnel of Pacific Environment Services have remained at Fitzsimons since 1981. Moreover, approximately thirty percent of the original employees who began with the NCT Services contractor in 1981 worked in housekeeping thirteen years or longer, a remarkable record given the usual short-term tenure for employees in the housekeeping industry in general.

FAMC was among the first military hospitals to contract out Aseptic Management Services (housekeeping) and was a radical departure from the concept of wage-grade or military personnel performing nontechnical tasks. Prior to any service being contracted out such as hospital housekeeping, food services, lawn maintenance, etc., a cost comparison was compiled by an independent auditing agency to ascertain the cost effectiveness of contracting out. For the most part, contracting out of military hospital housekeeping has proven to be very cost effective when compared to the government's cost of performing those same services.

Management personnel who have been at Fitzsimons have been in a position to monitor the Fitzsimons' metamorphosis at close range. They have witnessed all the construction and remodeling the facility has undergone, always being the first one at the scene to provide construction cleanup and subsequent routine cleaning. Housekeeping has been greatly impacted by the gradual closure of the facility, having seen employee counts drop from a high of 130 to its present count of 30 employees (in December 1996). This will continue to drop until final closure.

While it is easy to overlook a housekeeping department in a large regional medical center, no one can deny its importance in a health care environment. From between-case-cleaning in an operating room to cleaning a public rest room, the housekeeping department has performed a vital and necessary service to the patients and staff at the Fitzsimons facility.

Directorate of Personnel and Community Activities

The Directorate of Personnel and Community Activities (DPCA) is a multi-faceted organization with five separate and distinct divisions under its charge (Community and Family Activities, Alcohol and Drug Abuse Control and Prevention Office, Military Personnel Division, Civilian Personnel Office, Equal Opportunity Office). The DPCA's mission is to maintain force readiness through military and civilian personnel support, community and family activities and support services, including morale, welfare, and recreation (MWR), education services, and oversight responsibility for alcohol and drug abuse prevention and control programs that reach all components of America's Army Family. These activities cover a broad spectrum of programs and services. They extend from the management of civilian and military personnel to issues related to family programs including child and youth services, child abuse or neglect, and spouse abuse, exceptional family member programs, and relocation and transition assistance. The focus of these programs is to improve and enhance quality of life.

The **Community and Family Activities** division has diverse responsibilities. Its mission is to provide a myriad of support services to soldiers and their families including morale, welfare, and recreation facilities, golf course, family entertainment center, outdoor recreation, international tours and recreation office, a community club, child care services in both the child development center and a home care provider program, youth service's activities, community services through Army Community Service, a gymnasium, and a pool.



Administrative Group



Bowling Lanes

The Family Entertainment Center (bowling center) maintains a recreational service for soldiers and family members. The bowling center is a 20 lane activity with automated scoring machines, a pro shop, game room, and small dining area.

The Fitzsimons Golf course was one of the first private golf courses in the military until 1985. Its original mission was to provide a form of physical rehabilitation for wounded soldiers, and as a recreational activity for active duty soldiers. MG John F. Bohlender was responsible for the present design and layout of the course and the club house. The golf course has undergone significant renovations over the years, installing irrigation systems for the course, building a new facility to house golf carts, a semi-private game room, and a first rate pro-shop.

Community and Family Activities opened the 2.5 million dollar, state of the art Child Development Center in March of 1994. This center contains the most modern and innovative child safety features available today, including a video monitoring system, raised electrical outlets, and safety cabinets. This facility meets or exceeds all federal child care standards. Its mission is to provide child care services for active duty soldiers and civilians assigned to or employed at Fitzsimons. Enrollment at the child development center has grown over the past two years to a peak of 185 children. In 1994, Community and Family Activities also opened their supplemental program which includes a home care provider program that has grown from four providers to the present number of 16. Both programs give soldiers and civilians for their child care needs.



Golf Course



Child Development Services



Child Development Services

Community and Family Activities opened the Fitzsimons Community Club in May of 1995. This facility pro-vides community activities, catering functions, and a place for patrons to relax and enjoy the array of activities. The club provides entertainment and dining pleasure for the entire military community. It is one of only a few facilities in the Army ; combining Officer, NCO, Enlisted, and retiree activities under one, modern, state-of-the-art building.

The Outdoor Recreation Department is made up of a rental and retail store, travel camp, a recreational vehicle storage lot, a post park, and the Lowry Campground at Dillon. Its mission is to provide quality outdoor recreation experiences to the entire military community. This highly energetic organization took over the Dillon Campground from the Air Force in 1994, and provides wonderful camping opportunities, the FAMC Travel Camp on the northern end of the installation, and has developed a ski reservation program that increased the speed of equipment checkout during the winter season.

The FAMC swimming pool provides a variety of swimming activities to patrons in a safe and clean environment. The swimming pool staff are great supporters of the medical center. They implemented water arthritis therapy and physical therapy aerobic classes along with programs designed to aid not only in rehabilitation, but to help the physically and mentally challenged. The pool provides not only an excellent physical fitness activity but also significant recreational pleasure.

The FAMC gymnasium provides for force readiness through physical fitness activities. These activities include free weights, aerobic machines, intramural sport activities, basketball, and racquetball. The post gymnasium has hosted and conducted the Commander's Cup Competition every year since 1982, providing esprit-de-corps and sound morale through healthy sports competition.



Community Club



ITR/Outdoor Recreation



Army Community Services

International Tours and Recreation (ITR) opened in 1987. The ITR staff has worked diligently and closely with many organizations including ski resorts, restaurants, lodging facilities, and theme parks to provide patrons with a myriad of recreational and entertainment opportunities at discounted prices. ITR's largest expansion of service has been procuring tickets to concerts and sporting events throughout the Denver metropolitan area. Patrons can purchase discount tickets to the Rockies, Broncos, Avalanche, and Nuggets games, receiving great seats at significant discounts. The ITR office had more than one million dollars in sales last year.

Army Community Service (ACS) is the installation's primary resource for developing, coordinating, and delivering soldier and family social support services, contributing to overall morale. ACS develops and implements educational programs, focusing on prevention, enhancing soldier and family wellness. ACS assists the commander in increasing readiness and retention by helping meet the needs of the modern day soldiers and their family members through teaching life management skills, assisting them in becoming more self-reliant. Army Community Service brought the Family Employment Assistance Program forward and joined with the Civilian Personnel Office and the Education Center to form a new Human Resource Development Center (HRDC), playing a major role in job assistance, training, and education.



Youth Center



School Age Group



Military Personnel Division (MPD)

The Youth Services Center provides both quality educational and sport programs to all children. Activities include intramural sports (soccer, basketball, and softball), teen counseling, ski trips, teen talk forums, computers, recreational pool tables, video games, and areas for after-school studying.

The **Alcohol and Drug Abuse Control and Prevention Office (ADAPCP)** is a key Commander's program in maintaining force readiness. Its mission is to maintain the health of the force by providing prevention and control training and education, chemical abuse testing, and treatment services to all eligible personnel. Since its opening in the seventies, ADAPCP has provided support to over 150,000 people. ADAPCP has achieved a zero percent rejection rate for chemical testing for the last two years.

The **Military Personnel Division (MPD)** plays a fundamental role in every soldier's career. MILPO, as it's fondly known, is tasked with providing all personnel support to the soldier. This includes records maintenance, Officer and Non-Commissioned Officer Evaluation Reports System, personnel actions, strength management, maintaining the accuracy of the personnel data base, casualty and retirement services, awards, and PCS instructions. By providing quality, timely personnel assistance, the MILPO staff supports each soldier throughout his/her career, documenting successes, giving professional advice, and assisting soldiers on the path to their individual, professional goals.



Civilian Personnel Office



Alcohol and Drug Prevention Abuse Control Office (ADAPCP)

The MILPO assists Commanders in maintaining soldier readiness posture by playing a key part in mobilization exercises including helping soldiers with personal affairs. Behind each successful soldier is a quality military personnel division.

The civilian counterpart to the Military Personnel Division is the **Civilian Personnel Office (CPO)**. The CPO provides the same assistance to each of our civilian employees. They maintain the employee records, assist them in getting jobs, advise employees on civilian personnel policy, work management and employee relations, process awards, conduct training, and provide technical services to the work force. The Civilian Personnel Office performs a vital role in maintaining a consistent, well educated, and dedicated civilian work force, providing the Army with operations continuity. Without this continuity, the Army would be unable to project its forces throughout the world.

In December 1994, the Director of Personnel and Community Activities opened an innovative new concept organization, our Human Resources and Development Center (HRDC). Combining elements from the Civilian Personnel Office, Army Community Service, and the Education Center, the HRDC is on the cutting edge of providing employment assistance, job training, and skills enhancement programs to the active duty, family members, and to our civilian employees. The combination of services available to our patrons provides every opportunity for advancement, skills enhancing, job retraining, and new employment.



Human Resources and Development Center (HRDC)



Financial Management Services Division

Directorate of Plans, Training and Security



The Directorate of Plans, Training and Security is known as the "Nerve Center" for Fitzsimons Army Medical Center (FAMC). The mission and general functions of the Directorate are to provide administration for allied students and visitors; prepare emergency preparedness and mobilization plans; conduct military training and ceremonies; control classified materials; coordinate the reserve component program; provide staff supervision to the Expert Field Medical Badge Committee; coordinate the installation Security Management Program; schedule and coordinate military air transportation

for military and DoD civilians; serve as the ammunition Class V coordinator; coordinate conferences; supervise and control the world-wide military command and control system; participate in Joint Chief of Staff and Department of Army exercises; and serve as the Federal Coordinating Center for the National Disaster Medical System.

The Directorate originally was comprised of the following divisions under the office of the director: Plans, Operations and Mobilization; Security; Education and Training; Reserve Component Support; Audio Visual; Skill Qualification Testing; Allied Liaison

Support, and Conference Coordinator.

FAMC has hosted conferences throughout the history of the installation. In 1982 - 1985, FAMC refurbished its conference center and in 1996 the Office of The Surgeon General designated FAMC as host for the Post Medical Graduate Training Program Conference site. Additionally, FAMC served as host for the Col. John R. Sperandio Plans, Operations and Intelligence Conference. The position of a full time conference coordinator was established which enhanced the quality of conferences held on and off the installation.

In 1993, the directorate was reconfigured in the following manner:
A) Office of the Director: Conference Coordinator; Regional Mobilization Coordinator; and International Military Student Office.

B) Training Division: Ammunition; Basic Life Support; and Skill Qualification Testing.

C) Plans, Operations and Mobilization Division.

D) Security Division.

E) Reserve Component Support Division.

FAMC's original mobilization bed expansion mission was 6,000 beds; 3,000 beds to be from existing facilities and 3,000 to be constructed on the installation. In January 1992, the then U.S. Army Health Services Command realigned the bed requirements for all military treatment facilities (MTFs) and FAMC's requirement was reduced to 1,770 beds. In 1993, MEDCOM reduced FAMC's Mobilization bed requirements to a total of 520 beds in building 500. FAMC has performed consistently as a power projection platform.

In December 1989, FAMC deployed 32 personnel to Panama in support of Operation "Just Cause." During Operations "Desert Shield/Storm," August 1990 - January 1991, FAMC deployed 199 officers and enlisted personnel as backfills to other MTFs and to Saudi Arabia. Four hundred forty-four reservists were activated to backfill FAMC's staff. The Reservists were members of the 5502nd U.S. Army Hospital (USAH), Aurora, CO; 6252nd USAH, Ventura, CA; 6253rd USAH, Santa Rosa, CA; 5503rd USAH, Columbia, MO; Individual Mobilization Augmentees, and Individual Ready Reserve.

FAMC provided an excellent training base for assigned Individual Mobilization Augmentees (IMA) and the local Reserve Community. The original IMA program had 63 authorizations. During the peak of the program, over 600 authorizations were established with 300 positions filled. In 1995 - 1996 with the downsizing of the forces, FAMC's authorization decreased to 36 authorized positions.



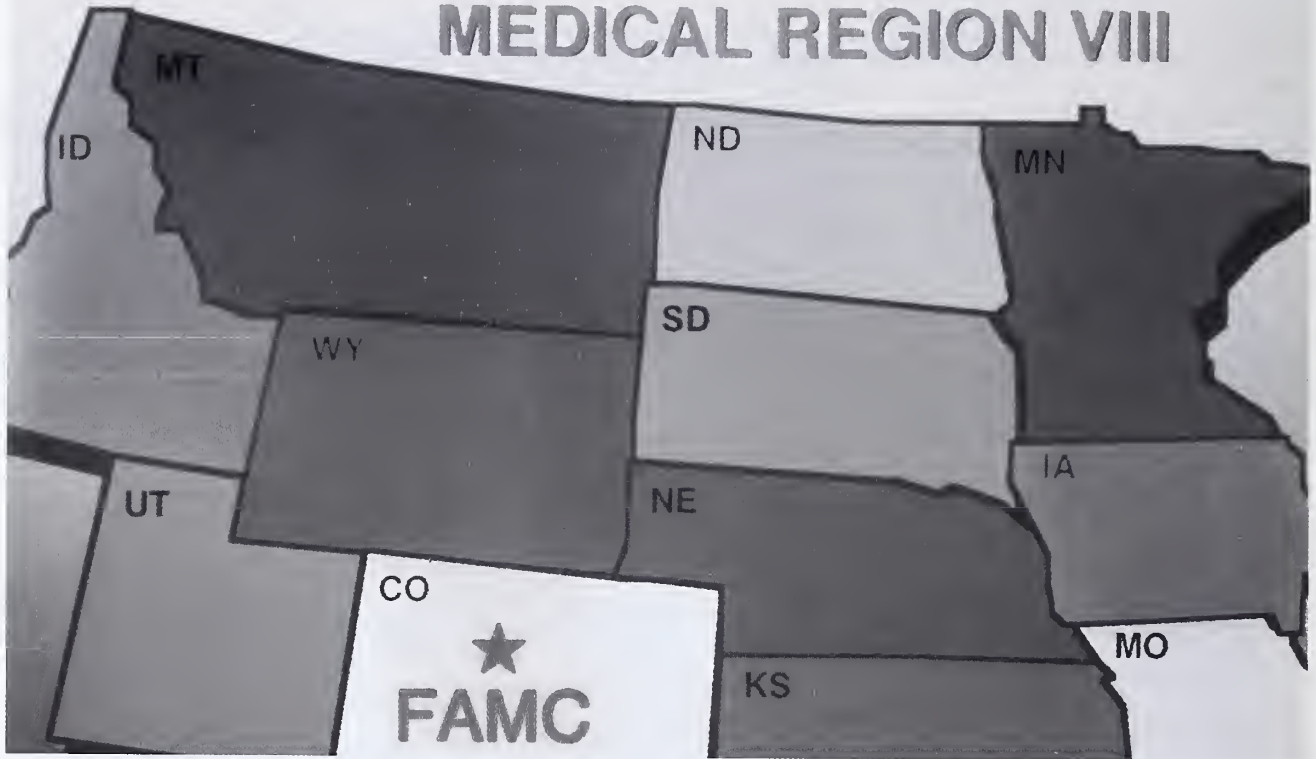
FAMC provided training opportunities for members of the Army, Air National Guard, Air Force, Navy and Marines in a myriad of skills, e.g., medical, logistics, military police, biomedical repair, engineering, etc.

In December 1993, HSC redesignated boundaries within its command, and designed FAMC, Central Health Service Support Area (CHSSA) as a subordinate command. The CHSSA commanded and controlled the following MTFs: Fitzsimons Army Medical Center, Aurora, CO; Evans Army Community Hospital, Fort Carson, CO; Munson Army Community Hospital, Fort Leavenworth, KS; General Leonard Wood Army Community Hospital, Fort Leonard Wood, MO; and Irwin Army Community Hospital, Fort Riley, KS.

On 1 October 1995, it was announced that FAMC was on the Base Realignment and Closure List, and the Central Health Service Support Area Mission was transferred to the South Central Health Service Support Area (Great Plains Health Service Support Area). The Security Division of Directorate of Planning Training Mobilization and Security was transferred

from the Provost Marshal's office on 16 Jan 84, as the Security and Intelligence Division. The Security and Intelligence Division was responsible for the Personnel, Information, and Automation Security programs as well as the Security Education programs. Throughout the years, the Division ensured that all military and civilian personnel who required a security clearance were properly cleared and briefed for handling classified materials. Intelligence functions included monthly briefings on subversion and espionage directed against the Army, as well as anti-terrorist groups and travel security. It coordinated intelligence and threat information with Army Military Intelligence and federal, state, and local law enforcement organizations.

DOD MILITARY MEDICAL REGION VIII



DOD Military Medical Region VIII

FITZSIMONS HEALTH SERVICES REGION



Fitzsimons Health Services Region

Directorate of Public Works



Operations and Maintenance Bldg. 409

The organization now known as the Directorate of Public Works was first called the Utilities Section and was established at Fitzsimons in 1918. In October 1918, the Utilities Section began operation of the power plant and the fire station. The Utilities Section served as a full service maintenance department. One of their early challenges was keeping the unpaved roads open following snow and rain. During the decade from 1920 to 1930, they constructed concrete roads and cinder roadways.

Beginning in 1923, they operated a greenhouse. The greenhouse grew tropical fruits such as avocados, bananas, lemons, papaya, oranges, limes and figs. When the fruit ripened,

they were distributed to patients. In addition, the greenhouse was used to nurture native varieties of pine, cedar, and spruce trees to be planted throughout the hospital grounds. The Utilities Section planted several thousand trees during the period from 1920 through 1930. Mules pulling water wagons were used to irrigate the trees. In later years the greenhouse was used to grow flowers for patients. Easter Lilies and Christmas poinsettias were grown and distributed to staff and patients. The greenhouse ceased full time operation in 1992.

Around 1920, a golf course was constructed. To irrigate the grass, the Utilities Section constructed a reservoir at the highest point of the in-

stallation, near the Bowling Alley, and utilized salvaged pipe to pump treated effluent from the wastewater treatment plant into the reservoir. From the reservoir, the water was gravity-fed throughout the golf course. In 1922, the Utilities Section constructed the Baseball field at its present location. Following completion of the existing hospital, Bldg. 500, additional staff was added to the Utilities Section to maintain the largest building in the state of Colorado. During the war, the Utilities Section was called upon to plow fields for gardens. In 1943, the gardens produced over three thousand bushels of corn and three hundred bushels of beans. By 1946, the Utilities Section had been renamed the Post

Engineer Division. The Post Engineers oversaw construction of permanent facilities to house female soldiers, and, in the sixties, oversaw the construction of permanent barracks in the 300 area and family housing units in the 700 and 800 areas. In 1974, the Post Engineer Division became the Facilities Engineer Division and, in 1977, the name was changed to the Directorate of Facilities Engineers. In 1983, the engineers were assigned responsibility for management of the 288 family housing units, 202 Transient Billeting Units, and 56 Bachelor Officer Units. To reflect the addition of the housing management mission, the name was changed in 1984 to the Directorate of Engineering and Housing, (DEH).

During the eighties, an environmental engineer was added to the staff to ensure compliance with new environmental laws and regulations. During the 80s and early 90s several million dollars were used to initiate recycling programs, abate asbestos, and manage hazardous wastes. Also during this period, construction and repair projects were executed to improve electrical and fire safety code compliance in the main hospital building and upgrade the heating and air conditioning systems and interior finishes. Utility distribution systems, the wastewater treatment plant, roads, and parking lots were also upgraded through the installation.

In the early 1990s, the DEH focused on reviewing plans for construction of a new hospital, reviewing the design and construction of a new power plant and facilities engineer compound, and designing and constructing a Burger King and child development center. In 1993, the name was changed to the Directorate of Public Works. The current focus of the directorate is providing quality facilities, housing, and fire protection, as well as environmental and engineering services directed toward viable reutilization of FAMC real property.



Administrative Section



Billeting



Fire Department Personnel

Directorate of Resource Management



The Directorate of Resource Management has two divisions: Program and Budget, and Management with a total staff of 15 civilians and two military.

The Program and Budget Division is charged with developing the budget program for the upcoming year and monitoring the spending of monies during the current year, by tracking dollar execution according to the plan and funds control. The current annual budget for Fitzsimons Army Medical Center is 125 million dollars. This division maintains support and funds control for approximately 50 activi-

ties. Thousands of financial documents are processed to ensure FAMC is spending its money appropriately.

The Management Division provides assistance with a variety of studies to determine the cost and appropriateness or functionality, before an item is purchased or a change is initiated. This division also provides support through the Table of Distribution Allowance (TDA) documentation office and the Medical Expense and Personnel Reporting System (MEPRS).

Managed Care Division



The Managed Care Division at Fitzsimons evolved over the past six years as the Department of Defense introduced to the Military Health Services System (MHSS) the various professional service programs such as the Military-Civilian Health Services Partnership Program, the Alternate Use of CHAMPUS Funds (Recapture) Program, Gateway to Care, and the TRICARE Program.

What has grown to be known as the Managed Care Division (MCD) began in 1990 as a staff of four, assigned to the Military-Civilian Health Systems Branch, Directorate of Patient Administration. The initial staff members were Mr. Chuck Terry, Ms. Lynn Head, Ms. Vickie Atchley, and Mrs. Geraldine Cooper. The Coordinated Care Division (CCD) was established in 1992 in

support of the DoD Coordinated Care Program. In 1993, the Department of Defense (DoD) replaced the Coordinated Care Program with the DoD Managed Care Program which brought the current name to the Division. During 1994, the Managed Care Division was instrumental in the development of the Adult Primary Care Clinic at FAMC. This year also brought the Central Health Systems Service Area (CHSSA) regional responsibilities to the MCD, as well as the early regional development of the TRICARE Program.

Through continued growth and reorganization during 1994 and 1995, the Managed Care Division staff was divided. The DoD, Region 8, Lead Agent Office was created from this division. The remaining MCD staff com-

bined with the staff from the Clinical Support Division (CSD) and Pre-Admissions Office to continue on as the Managed Care Division and Patient Services Division. The sections assigned to MCD were the Office of the Chief, Patient Representative Office, and the Medical Library.

The Statement of Purpose for the Managed Care Division was to provide quality administrative support to all clinical areas and close coordination support to all administrative areas in a timely manner, while continuously improving support/performance which would help FAMC to achieve its mission.

Patient Representative Office assists active duty soldiers, retirees and their family members with health related concerns. We are a two person office and have had as many as six volunteers to serve a 500 bed hospital and 90 clinics and subclinics. Often we have had over 500 contacts a month from the beneficiaries that Fitzsimons services.



Medical Library

Optical Fabrication Laboratory



In 1963, the mission of producing military eyewear transferred from the discontinued U.S. Army Medical Optical Activity (USAMOA) in St. Louis, Missouri, to the newly established Medical Optical Activities Branch, Supply and Services Division, Fitzsimons General Hospital, Aurora, Colorado. This optical activity (lab) was initially housed in Bldg. 610 which previously had been an old hospital ward and in great disrepair. Much effort was made to make it structurally sound, but the weight and vibrations of the equipment eliminated the building as a permanent location. On August 6, 1971, Bldg. 628 was dedicated by the Army Surgeon General as the Charles W. Carter Building and made the new home for the Optical Fabrication Laboratory, a division level element of Fitzsimons Army Medical Center. From Nov. 1992

through May 1995, the building underwent a major renovation project involving heat, AC, ventilation, plumbing and electrical systems. And in spite of the dust, frequent lack of heat and hot water, noise, power interruptions, and complete relocation of both major production divisions into temporary trailers and a smaller area of the south part of the building, the staff still ensured that the mission was accomplished.

Over the years, this organization facilitated visual readiness and improved visual performance of Department of Defense (DoD) personnel assigned west of the Mississippi River, throughout the Pacific and the Far East, with the timely manufacture of high quality prescription spectacles and other optical devices. Additionally, the OFL

provided frequent technical assistance and doctrinal guidance to military eye clinics and optical units that it supported. Frequently, the OFL was involved in DoD test and evaluation studies on optical devices and equipment to determine the suitability for military application. And last, but certainly not least, the OFL provided the Army's only "on the job" training base for the 42E MOS, Optical Laboratory Specialist. Not only did the OFL make "glasses" but it "made" combat ready opticians!

With the base closure of Fitzsimons Army Medical Center, the OFL was directed by DoD Health Affairs to transfer mission, equipment, all military personnel, and six civilian opticians to other Army and Navy optical labs incrementally during fiscal year 97.

During the 33 years the OFL was located in Aurora, Colorado, its personnel distinguished themselves during peace and war. During the Vietnam War, the OFL production surged to approximately one half million optical devices per year. This same level was reached again in 1991 during Operation Desert Shield/Storm of the Gulf War. Beginning in 1992, the OFL management began developing a pollution prevention program seeking to minimize or eliminate hazardous waste generation. That same year, new non-toxic material and process changes were implemented, personnel training was conducted, and a significant equipment acquisition program was initiated. By

early 1996, with the support of employees who devoted countless hours and energy to researching new technology, attending professional continuing education conferences, conducting equipment trials, and performing economic and technical feasibility studies, all hazardous waste generation was eliminated. The OFL was leading the industry in pollution prevention for large-scale eyeglass manufacturing facilities and was recognized at the Joint Service Pollution Prevention Conference in San Antonio, Texas in August 1996.

During the years the OFL was in Aurora, Colorado, annual production ranged from approximately 260,000 to 520,000 pairs of optical devices.

Personnel strength varied from approximately 70 to 110.

The 14 officers-in-charge of the lab during this period were:

LTC Ernest M. Fulford 1963-1966
 LTC Thomas Plemon 1966-1968
 LTC Milton Braveman 1968-1969
 LTC Richard Jellerson 1969-1971
 LTC Gene M. Bourland 1971-1972
 LTC Harrell Bigham 1972-1973
 MAJ Garrett W. Barron 1973-1976
 LTC James A. Dolbier 1976-1979
 LTC Gene M. Finklestein 1979-1981
 LTC Charles O. Jorden 1981-1984
 LTC John F. Pyle 1984-1986
 LTC Lawrence Hampton 1986-1988
 LTC Donald Dunphy 1988-1992
 LTC Ronald D. Fancher 1992-1997

Directorate of Nutrition Care

MISSION: The Nutrition Care Directorate consists of two Divisions - Clinical Dietetics and Food Service. The mission of the Clinical Dietetics Division is to provide meals as ordered by physicians to inpatients, and to provide nutrition education to FAMC beneficiaries. The mission of the Food Service Division is to provide quality food to patients, staff, students and visitors on the Installation. Each Division has two additional missions - training and research. The Nutrition Care Directorate routinely develops and conducts training for civilian students, military students and reservists. Both divisions also conduct research projects which contribute to their professional fields.

Recent statistics: During FY95, we served more than 530,000 meals to patients, staff and visitors.



Major accomplishments/innovations: In 1982, Fitzsimons was the first AMEDD food service facility to become a contracted food service operation. Fourteen years later, we remain the only AMEDD food service facility with a full food service contract.

Patient Services Division



Patient Administration

Patient Services Division (PSD) began as the Pre-Admission Service. An Army Nurse Corps officer proposed a pilot project in 1992 to begin pre-admission services (PAS). PAS was designed to facilitate the admission process for patients, physicians and ward/clinic personnel. The pilot project was blessed by the Chief Department of Nursing, Chief Department of Surgery and Chief Surgical Nursing Service. Based on that pilot project and on the work of the Utilization Management Process Action Team, Pre-Admission Service was created and developed in March, 1993. From that grew the concept of Patient Services Division as the single point of entry for all patients within the region. The mission of PSD

was to increase patient and Health Care Provider (HCP) satisfaction, increase efficiency, consolidate nursing and Patient Administration Division (PAD) functions (Admission and Discharge (A&D) and Aeromed-Evacuation (A/E offices)), decrease inappropriate admissions, decrease cost, and improve discharge planning. The early major functions within PSD were to assess pre-admission patients and same day surgery patients, pre-certify for third party collections and the development of regional care coordinators to manage regional referrals by making appointments and billeting arrangements. Patient census in PAS grew from 110 to a high of 509 patients per month. Regional referrals were between 300-

500 per month. Inpatient third party collections grew to almost \$3 million in FY 1995 and already almost \$2 million in FY 1996. Although consolidation with some Managed Care functions did. The Health Benefits Advisors (HBA's) and Central Appointment System (CAS) became part of PSD in 1995. Faced with downsizing and BRAC, another mission of PSD was to educate our beneficiaries about CHAMPUS and Medicare. The Health Benefits Advisor Office presented over 12 major briefings to 8,000 beneficiaries educating them about civilian care. They also have done innumerable individual briefings to groups throughout the community. The development of Nurse Care Managers as HBA's/Health Care

finders was most successful with a Psychiatric Nurse Case Manager following active duty patients in the community. A new automated telephone management system was installed with the supervisor of CAS as the POC for services using this system. In 1996 the mission continues to provide all of the above services and to educate our staff and patients about TRICARE. With the loss of staff , consolidation with other departments such as Managed Care added to the PSD mission to work administratively towards closure.



Pre-Admissions Service



Patient Services Division

Central Appointments



Health Benefits Advisors



Provost Marshal



The mission of the Provost Marshal is to provide law enforcement, security and investigative support to all activities on Fitzsimons Army Medical Center and has the motto of the Military Police Corps "Assist, Protect, Defend" to guide the effort.

The initial contact or perception for most personnel is that of the Police Officer. These law enforcement officials are the cornerstone of any police department and interact with the public every day. Their duties include: traffic control, parking violations, report writing, radar operations, area security, arresting offenders, public relations, foot and motorized patrolling and quarters checks while others are on vacation.

Another area of the Provost Marshal Office is the physical security branch which includes the inspection section, vehicle registration and security identification section. The inspection section conducts vulnerability and physical requirement surveys, key control, narcotics security procedures and personal items security briefings. The vehicle registration and security identification section provide an additional level of identifying installation personnel and authorized patrons.

The Provost Marshal office also provides investigative support. The traffic accident/investigations branch investigates vehicle accidents on and off the installation as well as managing radar operations, installation park-

ing, weapon registration, traffic control and providing a liaison to the U.S. Magistrate court in Denver. The police investigations branch conducts criminal investigations, fingerprints all workers on Fitzsimons who may be in contact with children and conducts other investigations of high command emphasis.

The final area of the Provost Marshal office is the hospital prison ward, providing secured quarters for convicted and sentenced prisoners of the U.S. government while affording access to immediate specialized medical care. This is the only prisoner ward of its kind within the U. S. military services.

Command Group

Base Closure Office

Command Group

Dental Headquarters

Fitzsimons Redevelopment Authority

FAMC Redevelopment Plan

Medical Center Brigade

Medical Education

Preventive and Community Medicine

Veterinary Services

Base Closure Office



On 3 January 1995, the President of the United States sent to the Senate nominations of an eight member Commission known as the Base Realignment and Closure Commission (BRAC) under the authority of the Defense Base Closure and Realignment Act of 1990 (PL 101-510). This Commission, with federal legislative approval, would ultimately identify 132 military installations in the United States for closure or realignment. On 27 February, Brigadier General John Parker was called to the Pentagon with other senior Army officials to be given advance notice that the next day the Secretary of Defense would make public announcement of its recommendations to the Commission (of closure and realignment sites.) On 28 February

1995, Fitzsimons Army Medical Center (FAMC) became a candidate site for closure. If approved, the Installation would join nearly 100 major and 300 smaller Defense bases closing as a result of four rounds of BRAC activity that began in 1988. On 3 March 1995 the Directorate of Base Closure Operations was formed on FAMC to plan for closure, and to be the nucleus of closure management should FAMC become a BRAC site.

Well before January, the Army and other Services began to assess their force structures to include their inventories of real property with a joint goal of trying to better balance infrastructure with the smaller size of general troop levels. Army strength had been reduced by 30 percent over the years

with infrastructure reductions seriously lagging. With the decision to cut infrastructure as a focus, the Army began to determine which installations might be nominated for closure or realignment in support of federally mandated "downsizing".

The Commission began its work immediately, visiting candidate BRAC sites, holding town hall meetings, studying the reports of the separate services on the logic behind nominations and the expected impact of the proposed actions, and holding hearings on the matters at hand. Two Commission members visited Fitzsimons and the City of Aurora on April 13, 1995. This followed, by only one day, field hearings held on FAMC by the House of Representative's Subcommittee on

Military Installations and Facilities to address FAMC's potential closure. Ironically this hearing was the inaugural event in the newly constructed Community Club.

The Commission finished its work and sent its report to the President on July 1. On September 28, Congress, failing to disapprove the recommendations, allowed the report to become law. The language, as it related to FAMC, read: *Close Fitzsimons Army Medical Center, except for Edgar J. McWethy Army Reserve Center. Relocate other tenants to other installations.*

Fitzsimons' long and proud history was sentenced to end that quickly. National priorities demanded peace dividends in the form of a smaller defense structure. FAMC's last honor would be to contribute. The savings expected from the 1995 base closures were estimated by the Commission to be nearly \$20 billion over two decades.

Planning to close the Installation began in March 1995, under relatively simple guidance. FAMC would have to close as quickly as possible because of financial difficulties not only within the corporate Medical Command, but at the Army and DOD levels. Any plan to close must be structured in such a fashion as to assist the local community with economic redevelopment to the greatest extent possible. This last mandate was borne in Presidential direction and supported by law and policy specifically written to manage property at BRAC sites. Plans to close Fitzsimons were approved by the Department of the Army on January 23, 1996.

At the publication of this history, major time lines for closure activities were as follows:

The Medical Center closed with the commencement of the last graduate medical education class in June 1996. This graduation will be accompanied by a change of command ceremony that will mark the transition of the Fitzsimons Army Medical Center to the US Army Garrison, Fitzsimons.

With the loss of inpatient care will come the birth of a stand-alone health clinic that will have primary care capability as a transition to the April 1997 introduction of health services provided by the TRICARE managed care support contract. The TRICARE contract will be designed to accommodate the health care needs of eligible beneficiaries after the Medical Center closes. The Health Clinic will transition to a Troop Medical Clinic after the TRICARE contract begins, and remain with a small dental clinic until the Installation closes.

Most of the tenants on FAMC will relocate. The Lead Agent for DOD Health Services, Region 8, relocates to Colorado Springs, and the Readiness Group and Veterinary Services to Fort Carson; OCHAMPUS will lease facilities in Aurora. The Center for Health Promotion and Preventive Medicine, DSA West, will relocate to Fort Lewis, Washington. While the Medical Equipment and Optical School's mission splits, most of its function will be transferred to Sheppard Air Force Base, Wichita Falls, Texas; and the Optical Fabrication Laboratory's mission will be transferred to the Naval Ophthalmic

Support and Training Activity in Yorktown, Virginia. Reserve units will remain at the McWethy Reserve Center.

All of this will take a number of years as some of the moves rely on construction at gaining sites. Closure will likely not be completed until 1999 or the year 2000. The sadness is that Aurora must say good-bye to most of these fine organizations. The brightness is that all of these units contributed to the proud history of the Fitzsimons Army Medical Center.

So, what after FAMC? The City of Aurora formed a federally recognized "Fitzsimons Redevelopment Authority" that will work on behalf of the city to develop a plan for redevelopment of the property excessed by the Army. The city will work in a fashion open to the public to solicit ideas and interest in redevelopment initiatives. They will formalize their plans and submit them to the Department of the Army for approval and, if approved, the Army will negotiate property transfer in accordance with laws that exist for this specific purpose.

As we, at Fitzsimons, close a chapter in our long history, Aurora opens a new chapter. We wish the city that has been a gracious host to our installation the best of luck as it proceeds on a path that offers both opportunity and adventure. As the local community once offered the land occupied by Fitzsimons to the Army as a gesture of good will and opportunity, let us now understand that the gesture is returned with the same wishes.

Command Group

The Fitzsimons Army Medical Center Command Group was comprised of a Commanding General, Deputy Commander, Chief of Staff, Deputy Chief of Staff, Aide-De-Camp, Command Sergeant Major, Commander's Chauffeur, Special Projects Officer and Duty Roster NCOIC, all of whom were military. The civilian contingent included an Executive Officer, Protocol Officer, an Executive Secretary, two senior Secretaries, Congressional Liaison and Correspondence Clerk.

The Commander makes final decisions on issues that require installation Command signature; this office is where the buck stops. The group oversaw the management of instal-



lation administrative and personnel issues; initiated strategy to resolve and prevent installation problems; screened all information directed to the office and recommended appropriate action;

served as the Command budget liaison; managed after-duty hours operations, security maintenance and logistical support; and scheduled ceremonies and coordinated VIP visits.

Medical Education

The Graduate Medical Education Office at Fitzsimons was responsible for overseeing the educational progress and training of a large number of medical students, interns, residents and fellows in the Health Professional Scholarship Program (HPSP) and from the Uniformed Services University of the Health Sciences (USUHS). These trainees received training in a myriad of graduate medical education (GME) training programs to include: Adolescent Medicine, Allergy-Immunology, Angiography, Cardiology, Dermatology, Endocrinology, Gastroenterology, General Surgery, Internal Medicine, Neonatology, Nuclear Medicine, Obstetrics-Gynecology, Orthopedic Surgery, Otolaryngology, Pathology, Pediatrics, Plastic Surgery, Radiology, Rheumatology, Transitional Year and Urology.



Dental Headquarters



The dental headquarters element at Fitzsimons served two functions. Until 15 Oct 1995, the Central Dental Service Support Area (CDSSA) Headquarters provided command, control, and technical oversight for five subordinate Dental Activities at Fitzsimons, Fort Carson, Fort Riley, Fort Leavenworth and Fort Leonard Wood including remote clinics at Fort McCoy, WI, St. Louis, MO; and Dugway Proving Ground, Utah.. CDSSA worked to ensure the readiness of assigned soldiers, Active and Reserve Component dental units, supported organizations and coordinated dental care issues between the myriad of Army, Navy, Air Force, and Veterans Affairs facilities in the twelve state Central Region. The Commander, CDSSA, also served as the Senior Dental Staff Officer for the Central Health Service Support

Area (CHSSA) Commander. CDSSA closed 15 Oct 1995 as part of the ongoing Army Medical Department (AMEDD) reorganization.

As Headquarters, Fitzsimons Dental Activity, the unit operates two dental clinics in support of the readiness of active duty soldiers, sailors, airmen and Marines stationed at Fitzsimons, Buckley Air National Guard Base, and the rest of the greater Denver area. It also maintains very close relations with United States Army Reserve (USAR) units stationed in Denver; the 919th Medical Company (DS); the 5502nd United States Army Hospital (USAH) Dental Detachment and a United States Naval (USN) Reserve Dental Detachment.

Fitzsimons Army Medical Center — Building a 21st Century Legacy

The closure of Fitzsimons Army Medical Center concludes nearly a century of care for wounded and ill soldiers, and their families.. Certainly, no other activity could be as important. However, a redevelopment plan for Fitzsimons is taking shape to turn the economic loss to the region into an even bigger economic development opportunity.

Aurora and Denver played key roles in the founding of Fitzsimons. In 1918, these two cities and 1,500 individual citizens contributed funds to purchase the site for the Army. In later decades, civic and political leaders were periodically called into action to keep from being closed. This community

involvement paid off; each thwarted closure action was followed by new construction and an expanded mission for the installation. The community is again leading the reuse effort.

The newly-created Fitzsimons Redevelopment Authority is now busy formulating a reuse plan for Fitzsimons that goes beyond replacing the 4,000 military and civilian jobs lost by the installation's closure. This vision extends to the surrounding areas of North Aurora that can also be uplifted as redevelopment proceeds. In addition, there is a desire to have replacement activities move onto Fitzsimons before the end of 1997; that could begin to regenerate jobs for the medical person-

nel being laid off by the Army. The Fitzsimons Redevelopment Authority is working to bring new medical-related tenants onto the site through interim leases prior to final closure. Interim leasing can ensure that this busy campus of hospitals and support facilities will not fall silent as the Army reduces its presence.

At no time has the redevelopment potential for Fitzsimons been greater. When it was laid out in 1918, Fitzsimons was planned as a low-density complex of small buildings separated from the city activity of Aurora and Denver. Today, the installation is surrounded by expressways and urban development. It is located within a high-



Fitzsimons Redevelopment Authority staff

growth region near one of the world's largest airports, with immediate access to I-70 and I-225. In this new metropolitan context, Fitzsimons can support a higher-density development to attract new investment, jobs, and economic activity.

The conditions for redevelopment at Fitzsimons are unusual for a military installation facing closure:

The installation's new Central Energy Plant has the expansion capacity to serve six million square feet of construction, the equivalent of twelve buildings the size of the existing main hospital!

Since much of the basic site infrastructure for redevelopment is already in place, massive up-front capital investments for roads, utilities, parking, and landscaping can be avoided.

The facilities are ready-made for occupancy by Research and Development companies in need of research and administrative space, ranging from a recently completed conferencing center to move-in-ready laboratories equipped with everything from flow

cytometers to an electron-beam microscope.

From these advantages comes an opportunity to create something totally new and grand out of these 577 acres—an economic development bridge to the 21st century for the Aurora/Denver metropolitan area.

Many possibilities are being incorporated into the redevelopment planning work. One compelling proposal is to create a new campus for the University of Colorado Health Sciences Center (UCHSC) on the site. Under this concept, Fitzsimons could also become a biomedical research park, which would help Colorado accelerate the development of its biotechnology industry. A number of states have launched such projects, and the most successful of these are anchored by large academic medical centers. UCHSC, now the fourth-largest employer in the state, is fast-becoming a generator of new medical technologies and biotech companies. The institution's annual budget is nearing \$150 million and growing rapidly.

UCHSC is ranked among the nation's top twenty biomedical research centers. Part of its pioneering work was the first use of fetal cell implants for treatment of Parkinson's disease.

This medical technology theme was further reinforced because Colorado had already established an industry cluster for medical technology companies. Future growth potential is tied to the state's large academic, scientific, and health care institutions, as well as a young, highly educated work force attracted by the livability of the area.

The redevelopment of Fitzsimons is a complex undertaking that will take time as well as a significant commitment of resources. However, with the backing of the political, civic, and Defense communities, it is possible that work at Fitzsimons may set a new speed record for military base redevelopment. To underscore this, Congress recently requested the expedited transfer of the Fitzsimons Army Medical Center because of the significant preparation underway by the redevelopment authority concerned.



FRA Executive Committee

The Future

*The
Redevelopment Plan
for
Fitzsimons*

THE REDEVELOPMENT

This \$1.5 billion reuse plan reflects an innovative approach to an academic medical center campus and an expedient redevelopment of the site.

► New infrastructure components will be needed as the Fitzsimons site redevelops into one of the largest employment centers in the Aurora/Denver metropolitan area.

A NEW PARKWAY will be needed to serve the estimated 80,000 daily trips to be generated by the bioscience research park and the University of Colorado Health Sciences Center campus. The parkway will extend from West 26th Avenue on the northwest to Potomac Street and Colfax Avenue on the southeast. This new arterial road will open the north and east portions of the Fitzsimons site to redevelopment, and it will provide ideal exposure to Sand Creek Park.

► The recently constructed **FISHER HOUSE** will be operated by the Department of Veterans Affairs to provide a temporary residence for family members of critically ill patients, who are members of the armed services or veterans who are hospitalized at the Veterans Affairs Medical Center.

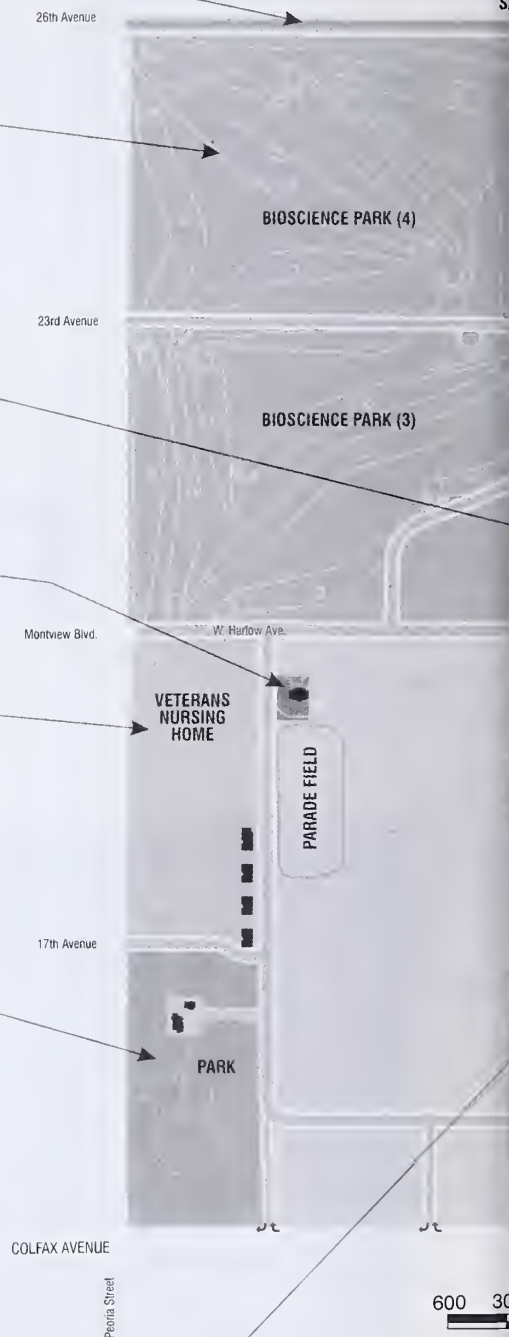
► A university-related **BIOSCIENCE RESEARCH PARK** will be developed on 147 acres north of Harlow Boulevard, an ideal setting for research-oriented biomedical and biotechnology companies seeking a planned business park setting adjacent to an academic medical center campus and near a major airport. This university-related bioscience research park will be the first project of its kind to be developed west of the Mississippi River. As shown, the research park will ultimately require the land area now used by Fitzsimons golf course. However, the City of Aurora plans to operate this as a public golf course on an interim basis until it is needed for the research park.

► **A TOWN CENTER** will be needed in later phases of development to provide a small node of convenience commercial uses in the center of the site to serve the projected employment. The center, easily reached by foot from all points on the site, is planned to contain a bookstore and food court.

► Planned to serve the state's large veteran population, a **VETERANS NURSING HOME COMPLEX** will be developed by the State of Colorado Department of Human Services to provide a 180-bed, long-term care facility for Colorado veterans needing skilled nursing home care. The complex also includes a 100-bed transitional housing unit for homeless and disabled veterans.

► A wooded area now called **GENERAL'S PARK**, at the southwest corner of the site, is to be conveyed to the City of Aurora and become part of the municipal park system. The park is an important historic site, dating back to the late 19th century and the founding of Gutheil Park Nurseries by Alfred H. Gutheil. The Gutheil's house, built in 1897, is now the Commanding Officer's Residence. The house is to be used as a meeting facility by the University of Colorado Health Sciences Center.

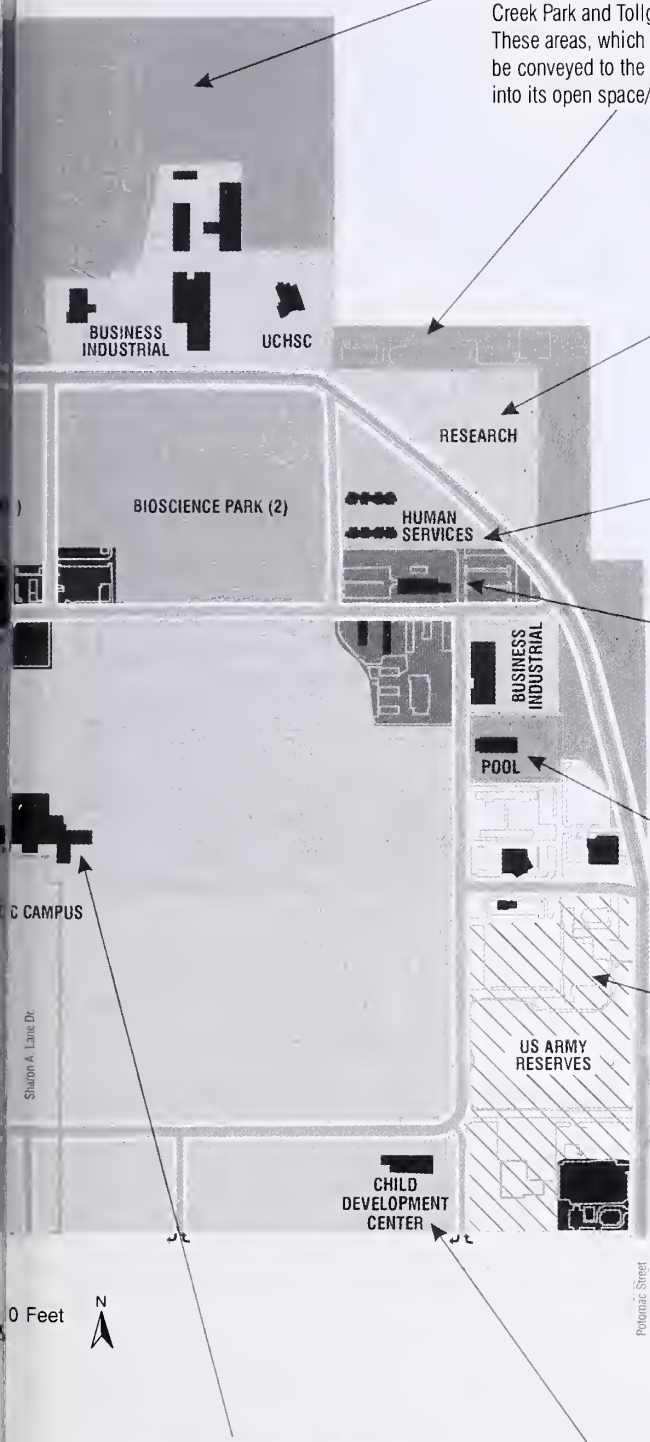
Aerial photo of the 577-acre Fitzsimons campus ▼



► Anchoring the redevelopment is the **UNIVERSITY OF COLORADO HEALTH SCIENCES CENTER**, which will develop a new campus within a 217-acre site fronting on Colfax Avenue and extending north to Harlow Boulevard. The campus will be built in phases as a replacement to its 46-acre campus on Colorado Boulevard. The University of Colorado Health Sciences Center is one of the nation's top academic medical centers, and the Fitzsimons site will accommodate its growth needs throughout the next century. The adjacent bioscience research park will provide increased opportunities for university-industry collaborations leading to the development of new products and services from life science research.

PLAN FOR FITZSIMONS

community consensus: The long-term gains from research park are superior to any rapid or full potential of Fitzsimons.



► The **PRESERVATION OF OPEN SPACE** will enhance the edges of the site and add to the Sand Creek Park and Tollgate Creek recreation corridors. These areas, which contain landfills, are planned to be conveyed to the City of Aurora and incorporated into its open space/recreation program.

► The redevelopment of Fitzsimons is supported by **DENVER INTERNATIONAL AIRPORT**, a 15-minute drive from the site. This newly opened international hub airport has become a catalyst for development in the northeast part of the Aurora/Denver metropolitan area.

► A tract of land at the northeast portion of the site has been identified as an ideal location for a **GOVERNMENTAL RESEARCH LABORATORY** linked to bioscience research. Federal research laboratories have been important additions to university-related research parks elsewhere in the United States. Federal laboratories have aided the development of North Carolina's Research Triangle Park and Maryland's Hopkins/Bayview Research Campus.

► Two recently built dormitories have been designated as facilities for **HUMAN SERVICES PROVIDERS** to operate programs assisting Aurora's homeless population. A range of services for youths, individuals and families can be accommodated in these dormitories. Also, programs for homeless and disabled veterans are a component of the Veterans Nursing Home Complex, and additional transitional housing for families is to be provided on an interim basis on the south end of the site.

► An 8-acre parcel has been designated for public benefit conveyance to the City of Aurora for a **POLICE AND FIRE DEPARTMENT TRAINING COMPLEX**. This includes the current Quade Conference Center.

► The installation's **SWIMMING POOL** will also be conveyed to the City of Aurora, which will operate it as a community pool as part of its municipal recreation programs.

► The Edgar L. McWethy, Jr., **U.S. ARMY RESERVE CENTER** will remain at its present location as part of a 21-acre federal enclave to house operations now located at the site as well as to consolidate functions elsewhere.

► **INTERSTATE 225** provides excellent regional access to Fitzsimons from all points in the Aurora/Denver metropolitan area.

► **URBAN DESIGN GUIDELINES** will provide a framework for compatible, high-quality development throughout the site. Areas such as the Colfax Avenue frontage will receive special attention to ensure that the redevelopment of Fitzsimons becomes a catalyst for new investment and redevelopment along the south side of Colfax Avenue between Peoria Street and the Interstate 225 interchange.

10,000 square foot **MAIN HOSPITAL BUILDING** at s, which closed in June of 1996, will be renovated and d in 1997 by the University of Colorado under an ase arrangement. A \$20.3 million renovation program : space for administrative, clinical and research of the University of Colorado Health Sciences Center, Hospital and University Physicians. In addition, ace is being planned for housing private bioscience and development companies. The hospital building will the University's public benefit conveyance.

► The newly built Fitzsimons **CHILD DEVELOPMENT CENTER** will continue to provide early childhood education and daycare as an important amenity that will now serve the new activities planned for the site. It has been designated for public benefit conveyance.

Medical Center Brigade



The Fitzsimons Army Medical Center (FAMC) Brigade is one of only two Table of Distribution Allowance (TDA) Medical Center Troop Brigades in the Army Medical Department. The other Medical Center Brigade is located at Walter Reed Army Medical Center. Both Brigades are located on Medical Command Installations and provide billeting, administrative, and logistical support to soldiers on the installation. The mission of the Medical Center Brigade at Fitzsimons is to provide command and control for all military personnel assigned or attached to FAMC and to ensure the maintenance and sustainment of individual and unit training and readiness in support of FAMC as a World

Class Healthcare Organization. In order to ensure individual and unit readiness in support of the AMEDD's Professional and Medical Filler System, the Brigade was reorganized in 1994 around a Table of Organizational Equipment (TOE) Brigade model. As evidenced by Unit Status Reports, the Medical Center Brigade has enjoyed some of the highest levels of sustained individual readiness within the U.S. Army Medical Command. This achievement reflects the Commanding General's vision: the total effect of our responsibility is, by definition, readiness.



Preventive and Community Medicine



Department of Preventive and Community Medicine's Mission: To provide comprehensive Public Health, disease prevention, Environmental Health, Industrial Hygiene, Community Health Nursing, Occupational Health, Radiation Protection, and Health Promotion services for the soldiers, family members and civilian personnel within the Fitzsimons Army Medical Center HSSA (Health Service Support Area); to provide oversight and management of the U.S. Army Health Clinics at Dugway Proving Ground, Tooele Army Depot, and Defense Depot, Ogden, Utah.

Summary of Preventive and Community Medicine Services:

Office of the Chief: Serve as Preventive Medicine and Epidemiology Consultant to FAMC tenant units, FAMC physicians, and Health Service Support Area MEDDACs and Health Clinics. Chair

the installation Health Promotion Team and Rabies Advisory Board. Operate a Travel Medicine Clinic for soldiers and their family members. Serve as Army Material Command/MEDCOM Partnership Program Coordinator for the HSSA.

Occupational Health Service: Protect FAMC and Rocky Mountain Arsenal employees and soldiers against adverse effects of potential workplace hazards. Reduce economic loss caused by physical deficiency, sickness, and injury by ensuring timely medical care and rehabilitation of the occupationally injured and ill. Ensure combat readiness of military personnel by reducing occupational illness and injury. Provide Occupational Health consultation for FAMC HSSA MEDDACs.

Community Health Nursing: Provide comprehensive CHN and epidemiology/disease control services,

in the areas of Tuberculosis screening and follow-up, Family Advocacy and Case Management, Child Development Services Nursing Consultation/Health Education, Home Health Nursing visits, Discharge Planning, Inpatient Home Care Coordination, Tobacco Cessation Education, Health Promotion, Communicable Disease reporting and investigation, HIV and Sexually Transmitted Disease Prevention education, and computerized Health Risk Appraisals.

Environmental Health: Implement and provide programs aimed at elimination or control of environmental health hazards through sanitary inspections and surveys, environmental quality monitoring, health design and review, and entomology/pest management. Implement programs to eliminate and control occupational health hazards through work site evaluations, hazard

identification, and corrective actions. Identify civilian and military personnel who need to be included in the Respiratory Protection, Hearing Conservation, Occupational Vision, Radiation Protection, and job-related medical surveillance programs.

Radiation Protection: Provide radiation protection consultative services for FAMC installation and tenant units; provide radiation safety training for all potentially-exposed personnel; manage the Nuclear Regulatory Commission Broadscope Radioactive Material License and DA Radioactive Material Authorization Permit. Provide for decommissioning of FAMC Radioactive Material License in coordination with BRAC Plan. Perform shielding analysis of design plans for new or modified X-ray facilities.

Special accomplishments, Dept. of Preventive and Community Medicine (DPCM):

We provided support to the Utah Clinics (Dugway Proving Ground, Tooele Army Depot, and Defense Depot Ogden) personnel in the areas of recruitment and placement, supply, equipment procurement, staff merit promotion, provision of Interservice Support Agreements, and resolution of EEO concerns. Accomplished successful realignment of the Utah Clinics to Ft. Carson prior to the 1 April 96 target date. Continued to provide full consultative support to the Utah Clinics through Summer of 1996, after the clinics were realigned.

We provided full Industrial Hygiene, Occupational Health, Radiation Protection, and Environmental Health Services to FAMC through its closure, and through the drawdown of U.S. Army Garrison, Fitzsimons.

We provided full Occupational Health Services to RMA (Rocky Mountain Arsenal) employees through Summer of 1996, after FAMC support to RMA was terminated 30 June 96. Assisted CDR, RMA, with initiation of MEDCOM administered contract, to

provide consistent Occupational Health and emergency medical support to RMA after FAMC closure.

We streamlined on-the-job injury case management for FAMC personnel injured on the job, through co-location of FAMC Injury Compensation Clerk with Occupational Health Service in Bldg. 403.

We provided current and updated MIMS/HIMS (Medical Information Management System/Hazard Information Management System) database for all installation work areas, which allowed effective Occupational Health and Industrial Hygiene oversight of installation work areas.

We effected the realignment of Radiation Protection Office from Deputy Commander back to Department Preventive and Community Medicine, which allowed consistent preventive medicine oversight of the Radiation Protection Program and improved logistics support for the Radiation Protection staff.

On 22 September 1994, when the Department of Primary Care and Community Medicine were dissolved, we provided management and oversight of the FAMC Emergency Department, Optometry Service, Outpatient Clinic, and Physical Exam Section. We also planned and coordinated the successful merger of Outpatient Clinic from DPCM into the Team I Adult Health Service, Department of Medicine, and the efficient merger of Social Work Service into DPCM. Facilitated the merger of the Emergency Department and Optometry Service with the Department of Medicine.

The department coordinated the provision of Interservice Support Agreements (ISSAs) of supporting Central Health Service Support Area (CHSSA) MEDDACs with Rock Island Arsenal, Pueblo Army Depot, Dugway Proving Ground, Tooele Army Depot, Savannah Army Depot, and ATCOM/ St. Louis. Assisted DOD Region 8

Lead Agent Office with Health Promotion Program Planning for DOD Region 8.

We also planned and coordinated with MEDCOM and CHSSA MEDDACs the identification of Occupational Health/Industrial Hygiene (OH/IH) unfunded requirements for FAMC, Utah Clinics and MEDDACs at Forts Carson/Riley/ Leavenworth and Leonard Wood, which resulted in acquisition and distribution of \$401,000 of equipment to these facilities, thus significantly improving OH/IH programs for the CHSSA.

The department coordinated the Public Health, Preventive Medicine, Environmental Health and Immunization controls for 5,000 Haitian Police Cadets for the Ft. Leonard Wood Haitian Police Cadet Training Program (June 95-Jan. 96). Implemented the provision of HEPA Respirator (TB Protective) Mask fitting and issue for 450 physicians and nursing personnel in Depts. of Medicine and Surgery, thus minimizing exposure of these personnel to TB.

We assisted the Dept. of Medicine with planning for the implementation of the FAMC Comprehensive Clinical Evaluation Program for Operation Desert Storm soldiers.

During extensive contamination of drinking water on FAMC installation Jan.-March 93, coordinated with city and state environmental health departments follow-up water testing, flushing of installation water mains, and ongoing publication of Command Bulletins for informing installation residents and personnel about the crisis.

During papal visit to Denver during World Youth Day, Aug. 1993, provided full preventive medicine support (field hygiene and sanitation, food service inspection, disease surveillance) to approximately 500 American and international youths who were housed on FAMC installation in Tent City.

Veterinary Services



The Deputy Commander for Veterinary Services at Fitzsimons Army Medical Center (FAMC) served as Health Services Command (HSC) Regional Consultant to the Fort Leonard Wood, MO; Fort Riley, KS; Fort Leavenworth, KS, and Fort Carson, CO MEDDACs from 1973 to 1993. The unit was comprised of soldiers and civilians assigned to Fitzsimons Army Medical Center, Hill Air Force Base, UT; Dugway Proving Grounds, UT; Ellsworth Air Force Base, SD; Grand Forks Air Force Base, ND and Minot Air Force Base, ND. With the restructuring of the Army Medical Department (AMEDD), the Veterinary Command (VETCOM) was formed. The Office of the Deputy Commander for Veterinary Services became the headquarters for the Central Veterinary Service Support Area (CVSSA) and was responsible for commanding all veterinary personnel within a twelve state

region (CO, UT, SD, ND, WY, KS, MO, IL, WI, IA, NB, MN). Under the restructuring, two district headquarters were formed at Fort Leavenworth, KS and Fort Carson, CO. The remaining personnel within the office of the Deputy Commander for Veterinary Services, FAMC, were to come under the command and control of the Fort Carson District. The Central VSSA was provisionally activated October 1993, and was formally activated October 2, 1994. Continued restructuring of the AMEDD resulted in the deactivation of the CVSSA on October 15, 1995. The majority of the personnel assigned to CVSSA now come under the command and control of the South Central VSSA located at Fort Sam Houston, Texas.

The CVSSA oversaw a comprehensive Food Inspection service which ensured safe wholesome food was available to U.S. Armed Forces personnel

and their beneficiaries. Comprehensive medical care was provided to Government-Owned Animals, with the highest quality facilities, equipment and personnel. Additionally, veterinary care was provided for privately-owned animals of active and retired military personnel and their dependents. Effective Zoonotic Disease Control Programs were established and maintained at all installations receiving veterinary support.

On a monthly basis the Central VSSA including all branches inspected on average 32 million pounds of food, provided a sanitary oversight of 376 commercial food establishments and 83 military subsistence storage/AAFES Shoppette facilities. The Central VSSA supported 104 Military Working Dogs at 13 locations, saw 3,799 animals as outpatients, administered 6,574 rabies and other immunizations and diagnosed 225 zoonotic disease.

Clinical Departments

Department of Clinical Investigation

Department of Medicine

Department of Nursing

 Nursing History

 Nursing Personnel

 Practical Nurse Program (91C School)

Department of Pathology

Department of Pediatrics

Department of Pharmacy

Department of Psychiatry

Department of Radiology

Department of Surgery

Physical Medicine Service

Social Work Service

Department of Clinical Investigation

The roots of Fitzsimons' clinical research can be traced back nearly five decades. In May 1947, a joint project was started between the U.S. Army Medical Nutrition Laboratory (USAMNL) in Chicago and Fitzsimons General Hospital. Its focus was to study the effects of nutrition on lung diseases. Later that year the Research and Development (R&D) Unit was established at Fitzsimons. The Unit, headed by 1LT Edward Liddle, included an Administrative Section, the Microbiology Lab, and the Special Metabolic Lab. In the fall of 1953, USAMNL was transferred from Chicago to Fitzsimons, and in 1958, it combined with the R & D Unit to become the U.S. Army Medical Research and Nutrition Laboratory (USAMRNL). USAMRNL research produced outstanding work in such areas as Medical Nutrition and Physiology of Starvation, IV Parenteral Nutrition, especially the use of Fat Emulsion Therapy, treatment of tuberculosis, irradiation of foods, and effects of acute high terrestrial altitude on physiological functions (the Altitude Research Lab is still located on the summit of Pike's Peak.)

In 1972, USAMRNL was relocated to the new Letterman Army Institute of Research (LAIR), however, research continued at Fitzsimons under the Clinical Investigation Services (CIS.) Finally, in 1983, CIS was changed to the Department of Clinical Investigation (DCI). DCI was located in three buildings just east of the hospital. The main building, 601, housed Administrative Services, Animal Resources which included the Surgical Support Branch, Immunology Service, Cell Physiology Service, and Microbiology



Service. Building 610 is a 7,000 sq. ft. animal facility which had the distinction, since 1985, of being accredited by the American Association for Accreditation of Laboratory Animal Care. The third building, 600, contained the Biochemistry Service and the newer, state-of-the-art Molecular Biology Service.

The mission of DCI was to actively encourage and support the Graduate Medical Education (GME) program through training and teaching of resident clinicians and provide support in six functional research areas. Clinicians performing research could receive assistance through all phases of the investigation process to include: protocol design and development, collection of data, statistical analysis and interpretation, and help in writing reports, abstracts or manuscripts for publication. The chief of DCI resided as chair of the Institutional Review Committee, and the Institutional Animal Care and Use Committee, which re-

viewed new research protocols for protection of subjects' rights and safety, as well as for scientific merit. A research protocol specialist and an animal research coordinator assisted the chief in this process by preparing protocols for committee review and by assisting in questions regarding Army regulatory guidance.

Research at Fitzsimons produced over 341 numbered OTSG reports; 36 unnumbered, reports from other agencies, thousands of abstracts and presentations, and over 3,700 publications in the scientific literature. The research groups collaborated with the University of Colorado Health Sciences Center, Colorado State University, Denver General and other hospitals in the metro area, national oncology agencies, the Medical Research and Materials Command, the National Cancer Institute, National Institute of Health and many organizations in important health care endeavors.

Department of Medicine

The Department of Medicine was composed of fourteen (14) services which are subspecialties of Internal Medicine. These specialized services included : Allergy/Immunology, Cardiology, Dermatology, Endocrinology, Emergency Medicine, Gastroenterology, Hematology/Oncology, Infectious Disease, Nephrology, Neurology, Optometry, Primary Care, Pulmonary, and Rheumatology.

The mission of the Department of Medicine was threefold:

Provide medical care to its authorized beneficiaries - Combined, the subspecialty clinics provided over 12,000 clinic visits on an average monthly basis to beneficiaries in our Air Force bases in Colorado Springs and Cheyenne, the Air Force Academy and Fort Carson, as well as a 13-state regional area. In addition, the Adult Primary Care Clinic and the Emergency Medical Services saw over 1,500 and 2,200 beneficiaries respectively in an average month of care. These subspecialty services were devoutly

dedicated to providing the highest quality of care to their patients, and each maintained their patient education, preventive medicine, and quality improvement ideals until completion of their mission.

Provide Graduate Medical Education (GME) through Internal Medicine Internship and Residencies and Subspecialty Fellowships - In this last phase of GME there were 30 physicians in training; seven in Internship, 19 in Residency, and four were pursuing fellowships (two in Allergy/Immunology, two in Cardiology). The training program in Internal Medicine was based on a three year sequential, supervised, progressive program of formal training, was approved by, and designed to comply with, requirements of: the Surgeon General, Department of the Army for Medical Military Residency, the Accreditation Council for Graduate Medical Education, the American Medical Association, the American Board of Internal Medicine, the American College of Physicians, and the

American Osteopathic Association. All subspecialty services were responsible for contributing to the training of housestaff through preceptorship, didactic lectures, and interactive conferences, as well as patient control.

Promote clinical or laboratory Medical Research - Under the auspices of clinical faculty, residents were required to conduct research. Research was used as a tool to promote scholarship and a life-long commitment to study, the understanding of scientific method, and interpretation of data. This provided physician housestaff with an opportunity to understand how cultural, socioeconomic, ethical, occupational, environmental, and behavioral issues impacted their patients and patient's illnesses. This also served to help them continually maintain and update their knowledge and skills. Through the years, many of our residents undertook research projects that gained local, national and/or regional recognition, and resulted in the presentation of those projects at professional meetings.

Office of the Chief

These offices were responsible for a myriad of departmental functions in support of the mission of the Department and its subspecialty services. A primary function of the Department and the Chief was to develop, coordinate, and provide support for the Internal Medicine Residency Training Program. This support also included, but was not limited to, financial, administrative, and technical assistance to the Services and Medicine Wards. These offices consisted of the Chief and Assistant Chief of Medicine, Chief Resident, Administrative Officer, Budget Support Personnel. It was the "Heartbeat of the Department."



Allergy/ Immunology

Assumed care for patients with atopic diseases such as eczema, bronchial asthma, nasal/sinus disorders not allergic in nature, and a small number of patients with primary immunodeficiency disorders. In addition they provided routine adult immunizations, immunizations for travel, high-risk patients, and patients with underlying disease.

Cardiology

Staffed its own inpatient service as well as a Coronary Care Unit. It supported the FAMC mission in its performance and interpretation of such tests as electrocardiograms, echocardiograms, ambulatory holter monitoring, and treadmill stress testing, as well as performance of diagnostic cardiac catheterization.

(No photo available)

Dermatology

Served the patient population that had primary and secondary skin disorders. These included skin cancers and benign skin tumors, common dermatological disease, and cutaneous manifestations of internal diseases. Additionally, they provided outside consultant visits to other military care facilities.

Emergency Medical Services

Once fell under the jurisdiction of the Department of Preventive and Community Medicine, but changed hands to become one of the services of the Department of Medicine. The primary function of the Emergency Room was to provide acute, emergent health care twenty-four hours per day/ seven days per week, for the FAMC Community. They also provided emergency medical service support for the hospital by means of three ambulances for transport. The twelve bed ER was designated as a Level II trauma unit per the Joint Commission on Accreditation of Healthcare Organizations guidelines.



Endocrinology

Provided diagnoses and care to patients with diseases of the Endocrine (glandular) system as the only Endocrinology Service in our region. This care included diabetes and metabolic disorders, other disorders of the pituitary and adrenal glands, electrolyte disorders, and hormonal disorders affecting reproductive cycles.



Gastroenterology

The scope of this large and very busy practice, included a full range of consultative services for patients with regard to gastrointestinal, biliary, hepatic or pancreatic diseases. They performed a wide range of diagnostic procedures to include: endoscopic ultrasound exams, esophageal /rectal manometry, and therapeutic biliary procedures.



Hematology/Oncology

This service provided care to patients with leukemia, lymphoma, solid tumors, hematologic disorders, and bone marrow production problems. Patients were counselled on chemotherapy regimens, personal problems and the use of various pain and anti-nausea medication. This service emphasized concerned, compassionate care because their patients were often terminal.



Infectious Disease

Responsibilities of this service included inpatient/outpatient consultation for evaluation/treatment for sexually transmitted diseases and the human immuno virus. This service also performed procedures such as skin testing for delayed hypersensitivity, lumbar punctures, and administration of some medications specific to HIV.



T-417

(Adult) Primary Care

This service provided comprehensive primary care / referrals for a broad spectrum of patients, with emphasis on those having multiple medical problems and requiring the care of an internist/case manager. Every effort was made to consolidate a patient's care to one physician to keep good medical care consistent. This service also pioneered the idea of a consult service for identifying patients in need of admission or surgery.



Nephrology

Assumed the primary care role for all patients who had received a renal transplant, and those patients whose primary disease is one of nephrologic concern, these include complicated hypertension, chronic renal failure, and endstage renal disease.



Neurology

Was responsible for the care of patients with functional disorders/diseases of the neurological system such as seizures, migraines, dystrophies, and myopathies. Most neurological problems are slow in evolution and non-lethal, so the effectiveness of therapy was gauged by the patient's ability to return to gainful employment, care for him/herself, and participate in family/work/other activities.



Optometry

Originally falling under the auspices of the Department of Preventive and Community Medicine; this Medicine Service provided primary outpatient vision care to include preventing, diagnosing, treating, and managing ocular related disorders. Vision conservation evaluations and Low Vision services were provided throughout the FAMC region. Additionally, they provided clinical training for Optometry students.



Pulmonary

This extensive service managed the care and rehabilitation of patients with complicated pulmonary disorders such as tuberculosis, pneumonia, sleep apnea, and patients on home oxygen. This service also provided a full range of testing for these pulmonary disorders/diseases through their Pulmonary Function Lab/Respiratory Therapy Section.



Pulmonary Function Lab



Respiratory Therapy Section



Rheumatology

This service treated both local and regional rheumatic disease patients with complex inflammatory connective tissue disease, or a non-inflammatory process. These rheumatologists then visited outlying MEDDACS in the region and were able to follow up on non-local patients. A nurse patient educator assisted with group instruction and seminars for the patient population on disease instruction and preventive medicine.



Department of Nursing



"The Army nurse is the symbol to the soldier of help and relief in his hour of direst need. Through mud and mire, through the murk of campaign and battle, wherever the fight leads, she patiently, gallantly seeks the wounded and distressed. Her comfort knows no parallel. In the hearts of our fighting men, she is enshrined forever." **Official Army Medical Department poster reproducing World War II art.**

Nursing History

Compiled by Sylvia Weber

Civil service nursing and military nursing have common roots. It was during the Revolutionary War, in 1775, that the demand for nurses became vital. There was such a great shortage of volunteers providing medical assistance that General Washington's commanders were pulling soldiers off the battlefronts to care for the wounded. As a result, our young Continental Congress approved funds for medical support; groups of untrained nurses followed the soldiers from camp to camp, thus receiving the name "Camp Followers". The funds from Congress paid them \$2.00 a month and one meal a day to care for the sick and wounded. It was difficult to find women to take these early contract jobs, because they could earn more money doing a soldier's laundry.

"Camp nurses" continued during the Civil War (1861-1865). Women serving both the Union and Confederate Armies were now earning \$12 a month. Women were selected and assigned to various military hospitals. A shortage of nurses still existed, so volunteers, family members, various religious orders, and sanitary commission workers worked side by side.

Before the Spanish-American War, there had been resistance to having women in the field; the supply system was not ready to support their needs. At the start of the Spanish-American War, the Surgeon General received Congressional permission to appoint women to serve in the Army. On August 29, 1898, the Surgeon General established the Nurse Corps Division under Dr. McGee (Assistant Surgeon General). The minimum qualifications for acceptance into the Army was graduation from a training school with a favorable recommendation from their nursing school directors. The service records of these women during this conflict convinced Congress to establish the Corps under the Army Reorganization Act (31 Stat. 753). The Army appointed nurses for a three year period, with reappointments occurring only if the applicant had a "satisfactory record for efficiency, conduct and health." The law directed the Surgeon General to maintain a list of quality nurses, with at least six months of satisfactory service in the Army who were willing to serve in an emergency. Today the Army Nurse Corps requires a bachelor degree for nurses to be accepted into the current active duty ranks and is known for the high number of advanced degrees held by its members. On February 2, 1901, Congress signed the bill permanently establishing the Army Nurse Corps. February 2, 1996 marked the 95th birthday of the Corps.

Civilian nurses continued to work under military contract until World War II. Civil service nursing was formally organized after World War II. More nurses were needed in order for the military to complete their mission of providing medical expansion in the event of a national or military emergency. Although the Army Nurse Corp strength rose to 57,000 during World War II, there were not enough nurses to care for the sick and wounded who were being transferred back to the major military hospitals stateside.

Fitzsimons civil service nurses

The civil service nurses, many of whom spent their entire careers at Fitzsimons Army Medical Center, served and maintained the Department of Nursing by creating a stable environment of continuity. In the 1980s, on Civilian Appreciation Day, Marty Gordh, RN, BSN, medical intensive care unit (MICU) remembers General Bowen expressing gratitude, "The Army would not be able to complete their mission without civilian personnel, especially the nurses." All nurses touch patients lives, but something is different about the way civil service nurses reach out, not just to patients and families, but to the Army Nurse Corps and enlisted personnel. As military personnel received orders to move on to different assignments in times of war and peace, civil service nurses moved in to fill the gaps, providing a glue which secured the mission. From 1918 to 1996, these nurses created a stable backbone by establishing strong bonds with patients and families. Continuity and consistency are powerful positive forces; the force was carried on from nurse to patient and patient to nurse. As preceptors for new Army nurses, corpsmen, and new civilian nurses, the civilian nurses worked side by side with the Education Department providing mentorships lasting long after the orientation classes, special courses, and inservices were over. Fitzsimons civil service nurses carried on the tradition for 78 years.

1918

World War started

Congress approves new hospital to be built near Denver

The city of Aurora's population was 900

Denver's population was 75,000

U.S. Army General Hospital No. 21 saves Aurora from bankruptcy

Tuberculosis was on the rise

U.S. Army General Hospital No. 21
Patients treated: 603

Tuberculosis was a large problem within the Army

Post was still under construction (48 buildings)

Hospital opens in mid October with no heat

Hospital train brings first sick and wounded patients

Ambulances transferred patients to building 511

In the beginning, only 40 Army Nurse Corps nurses were assigned to the Army Recuperation Camp at Fitzsimons caring for troops with tuberculosis, but the hospital's patient population was quickly growing. Conditions were rough without heat and medical supplies and food were scarce. The hospital was still under construction. Most buildings were still without windows.

Walking to all the outlying buildings, providing moment to moment nursing care, nurses and corpsmen made rounds twenty-four hours a day. Long shifts meant endless work, caring for patients, giving love and warmth here, providing comfort there, listening for patients calling for help, always having a watchful eye for patients quietly in distress. Imagine the hustle and bustle created as medical personnel walked and ran to wherever they were needed most. Nurses rushed to assist physicians, then received doctor's orders, set up bedside procedures, or operating rooms and administered medications, all in a days work, but lasting for long 30-day stretches.

A total of 72 officers, 3 warrant officers, 563 enlisted, and 478 civilians employees worked side by side in this crude environment of dirt roads and narrow wooden buildings with open air wards. From this humble beginning, U.S Army General Hospital became the world famous Fitzsimons Army Medical Center.



Nurses and reserve nurses at U.S. General Hospital No. 21
photo dated October 17, 1918

In the midst of controversy, this hospital continued to care for the sick. Soon, over 1,000 patients filled the beds. Food supplies were dangerously low. Driving in the snow, a five-ton Liberty truck loaded with a lifeline of supplies was on its way. Full of milk, produce and other perishables, the wheels became stuck at the front gate of the hospital. Quickly a tractor was purchased to tow the truck.

U.S Army General Hospital No. 21 continued to evolve. The world was watching Fitzsimons in great hopes for a cure for tuberculosis. It was well known patients improved here.



After the war, Fitzsimons General Hospital became the largest TB hospital in the world. Until 1925, it was a struggle to make the patients observe treatment rules. Patients were not happy with the doctors or nurses. In order to maintain a certain degree of hospital discipline, simple rules of treatment were necessary. Patients were rebellious for many reasons: The treatment of TB lasted for many years, confinement led to boredom, the rules of treatment were interfering with their pleasure of living and the steam heat had turned the wards into hot houses. As soon as the doctors and nurses left the wards or turned their backs, down went the windows. Patients were demanding more passes and were leaving without them. Instead of resting, they would drink and gamble. Turmoil was increasing. Patients were antagonistic towards doctors, viewing them as officers in charge instead of physicians looking out for their health. Relationships did not improve until the hospital was divided into smaller units of 150 beds each. Until then, it was vogue for large government hospitals to provide mass treatments. This led to patients being treated as cases instead of individuals.

Recognizing this as a problem, physicians soon realized successful treatment depended on the personal touch. Steps were taken to divide the hospital into manageable 150 bed units. Each unit had a well trained TB specialist caring for the same patients throughout their long treatment. Nurses and corpsmen were assigned to specific units. Managed patient care was in its infancy. These units were complete with kitchens, exam rooms, light rooms, fluoroscopic rooms, treatments rooms and sun porches. Each doctor was responsible for performing his own pneumothorax work, IV therapy, simple eye, ear, nose and throat treatments. Nurses assisted the physicians as necessary, administered some medications, but mostly attended to the basic needs of patients, such as, food, rest, warmth, comfort, cleanliness and tender loving care. The corpsmen assisted the nurses. Patient satisfaction was up. Better relationships were developing.

Steam heat for buildings
completed in November
1918

First chief nurse:
Miss Elizabeth O. Reid

1919

World War continues
through 1919

Nursing ranks swell to
more than 21,400
nationwide

Over half of these nurses
were serving overseas

Officials in Washington
view U.S. General
Hospital No. 21 as
semi-permanent

**U.S. Army General
Hospital No. 21**

Patients treated: 1,382

Another 25 buildings
constructed: total
buildings - 73

Surgeon General's goal:
Eradicate all forms of TB
from our troops

Hospital No. 21 built to
be the Regular Army
tuberculosis hospital

1920

Peace time

All military installations' personnel and budgets being reduced; recommendations to abandon this institution due to endless expenses

Townpeople petition Congress to rename this hospital

New Name: Fitzsimons General Hospital honoring 1st Lt. William T. Fitzsimons, the first American officer killed in World War I

Patients treated: 1,035

Chief of Nursing: None

1921-1930

After the war

The country feeling sympathy and gratitude for veterans

Types of tuberculosis treated included: pulmonary, genitourinary, glandular, skin, intestinal, laryngeal, bone and joint. Treatment for bone TB was not satisfactory. Patients with spinal TB were fitted with plaster-of-Paris jackets and many became so frustrated they went home before treatment was finished.

Early in 1922, heliotherapy (light therapy) was introduced. A special ward was set aside. Good results were obtained and patients were being discharged cured who would have otherwise died or become cripples. While laying on a gurney located on the sun porch, an intestinal TB patient would have abdominal surgery performed to expose their intestines to the sunlight for a prescribed period. It was later decided this did not work. Sun baths for pulmonary TB was not working for all patients. It was soon realized that sun baths worked best for fibrous forms of pulmonary TB. For relief of laryngeal TB, sunlight therapy was only used on the most chronic cases and administered with care. By 1930, heliotherapy was routinely prescribed for convalescent cases of fibrous pulmonary TB.

Pneumothorax (collapse therapy) was used to treat over 10% of pulmonary cases. It was mainly used for World War I veterans with long standing cases of the cavity-fibrous type. The purpose of collapse therapy was to obliterate large mixed infected lung cavities which did not heal spontaneously under ordinary hygienic care.

Excerpts from a radio broadcast by Col Paul Hutton, January 30, 1924

We consume approximately 100 tons of coal daily; 20,000 gallons of gasoline each year; 1,000 tons of ice; 300 tons of forage, and 200,000 tons of grain each year. At the present time we are treating approximately 1,300 patients, who are being cared for by 66 medical officers, 131 nurses and 530 ward attendants. We use 1,000 loaves of bread each day, or 365,000 loaves each year.

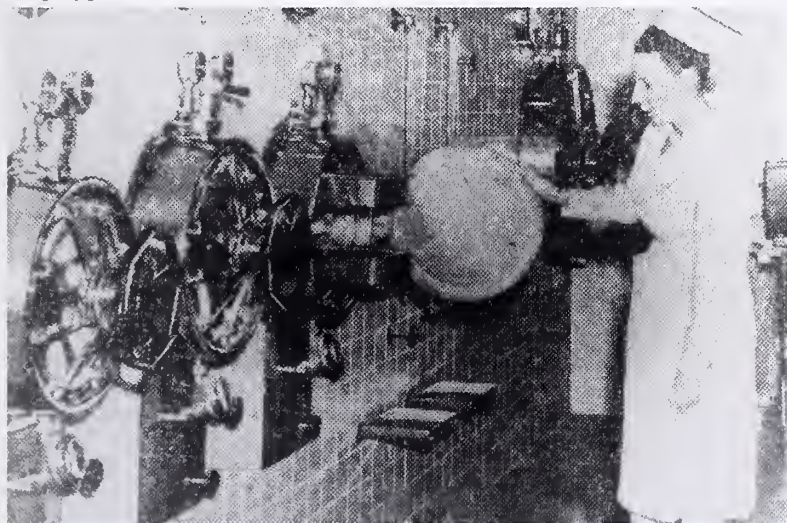
At first Fitzsimons General Hospital was opened as a TB institution, but soon the Surgical Service grew. Surgeries were performed first on TB patients, but by early 1930 it was expanding into different cases at the expense of the TB wards.

LTC (Ret.) Helene Belanger, Army Nurse Corps (ANC), tells about her experience at Fitzsimons, "I graduated from nurses training in 1929. After passing my state board exam, I joined the ANC. My first assignment was to Fitzsimons Army Hospital from 1931 to 1934. The majority of the nursing care that I provided was to tuberculosis patients. The nurses were not assigned to any one ward. We worked wherever we were needed the most. We worked shifts, but they were unlike shifts of today. Each night nurse was responsible for 15 patients. Day shift was from 0700 to 0900 and from 1400 to 1900. Second shift was 0900 to 1900 and the third shift was 1900 to 0700. Shifts rotated every 30 days. We were responsible for tender loving care and nurturing of patients. We did not wear gloves or masks, but we did wash our hands a lot. We had to sterilize the glass syringes and needles, as well as sharpen them, and feed the patients. Food was brought from the kitchen to building 511 via the ramps located in the back of the building. Charting was minimal and only done when a patient had a drastic change. We had to have baths completed, linens changed prior to doctors rounds at 1000. The doctors performed most clinical tasks: obtaining blood pressures, inserting foley catheters and nasogastric tubes."

TB patient care and treatment consisted of exposure to sunlight (heliotherapy) during the day. Patients wore the masks instead of the staff. They used cardboard lined tin cups for sputum collection. At night, they donned their stocking caps prior to sleeping on the porches for exposure to fresh air. Many patients would fool the nurses and slip out at night.

The Japanese attacked Pearl Harbor four days after the dedication of the new Fitzsimons Hospital. The first patients from the war were admitted on December 17, 1941. During the height of the war, 5,000 patients were here at one time. Specialties were in general medicine and tuberculosis, general, orthopedic and thoracic surgery, as well as x-ray therapy and psychiatry.

Mrs. Kay Lundin (formerly Lt. Hammond), operating room nurse during 1945-1947 said, " We did all kinds of surgery, including brain surgery. The Chief of Surgery was Dr. Grow , he could do just about anything. After a case, we would wash the instruments by hand and put them all up in a glass cupboard on instrument racks. We didn't do any terminal sterilization. We had camphor in the cupboards so the instruments would not rust. They were lubricated with ordinary machine oil. We had to put up cotton sutures. The suture would come on wooden spools and we had to transfer them to rubber spools to be sterilized. We would soak scissors and knife blades. We used surgical gloves over and over. We would wash them, blow them up, just like a balloon to check for leaks. You would never throw them away until they were perforated. We did everything. One time we got a gun shot wound to the chest. A bullet entered the heart wall and the surgeon put his finger in to control the bleeding. Everybody got all excited when the surgeon said, "Somebody get a saw and cut off my finger." Everybody quieted down. He then placed some purse string sutures and extracted the bullet. The patient was fine. Of course, this was before we had the heart lung bypass machine."



Instrument sterilizers in the main sterilizer room, December 1943.

LTC (Ret) Rhoda Jahr, operating room nurse during 1938-1945 reported, "I arrived here in 1938. I was a civilian nurse until January 3, 1940. The rank structure was quite different back then. We were all lieutenants, even those with 17 years of service were 2LT. We were not referred to by rank, but were called "Miss." This changed after Pearl Harbor, I will never forget that. Since I was "Relative Rank", I was referred to as "Miss Jahr"; if it wasn't for the war, I don't think we would have received permanent rank. After Pearl Harbor, I was call Lieutenant Jahr. The day after Pearl Harbor, we moved into the brand new operating room in the "New Hospital" (the current Fitzsimons). I remember using the surgical gloves over and over. We would use green soap, dip our fingers in iodine, then alcohol and then put on the gloves. Silk sutures were not available yet, so we used cat gut, chromic gut and cotton. We did thorocoplasties by the dozen, we did them by the ton. It was the treatment for Tuberculosis to take out ribs and collapse the lung to cure TB.

Politicians eager to champion this cause

Veterans' Bureau organized

Fitzsimons General Hospital

Chief of Nursing:
Miss Mary C. Sheehan
1928-1934

Patients treated over 9
years - 14,800

Pioneer work for TB
continues

Hospital discipline hard
to maintain

Medical supplies and
equipment scarce

City organizations and
churches bring
books, food and flowers

1931-1940

The Great Depression
taking its toll

Fitzsimons deemed
under-utilized

Closure of Fitzsimons
set for April of 1933

Colorado Congressmen
and local businessmen
join forces to save
hospital

President Roosevelt,
"Fitzsimons will be
here as long as I am
President"

1938 - New hospital
takes two years to
complete

Fitzsimons the largest
general hospital in the
country - 2,252 beds

Railroad built connecting
Fitzsimons, Lowry and
Buckley

Chief of Nursing:
Miss Mary Sheenan
1928-1934
Capt Sophy Burns
1939
Miss Barbara Lane
1940

1941-1950

New hospital dedicated
December 3, 1941

Four days later, Japa-
nese attack Pearl Harbor

After the outbreak of hostilities in Korea in 1950, 57 Army nurses were the first American women into the combat zone. They were called "Front Line Soldiers." On the home front, activity at Fitzsimons was booming.

LTC (Ret.) Mary Clark, ANC, recalls, "I was assigned to Fitzsimons in the early 50s when the Department of Medicine relinquished control of nursing and a Department of Nursing was formed. A friend of mine MSG (Ret) Gerald King, was the first Chief Ward Master. What I remember most from my assignments at Fitzsimons was the teamwork demonstrated between nurses and corpsmen. It seemed as though all I would have to do was to look up and someone was right there, willing to help out."

The polio epidemic created a challenge in nursing care. For short periods during the day, patients with polio rested on rocking beds, allowing feelings of freedom and better circulation. This allowed the patient to come out of the iron lung for short periods of time, making it easier for nurses to do patient care. During the night, patients stayed in the iron lung.

By the mid 1950s, Fitzsimons was the only military hospital equipped to do specialized open heart surgery. Dr. John Grow made history performing some of the first aortic valve replacements in the United States - - he did this at FAMC.

While in Denver, visiting his summer White House, President Eisenhower suffered a heart attack and was admitted to Fitzsimons from September 24, 1955 until November 11, 1955. Nurses at his bedside were: CPT Frances G. Derum, ANC, of Duluth, MN; CPT Caraline E. Koger, ANC, of Patrick Springs, VA; CPT Margaret M. Williams, ANC, of Fresno, CA; CPT Lorraine P. Knox, ANC, of Webster, MS



In the 1960s, great changes took place in nursing. Now, they had a bigger job to do. With the advancement of technology, many complicated machines enhanced the availability of vital information to physicians. These new clinical tools, used as an aid in research and in the diagnosis of disease, contributed to physicians becoming highly specialized. Over the years, physicians trained the nurses and delegated various responsibilities and treatments, once only performed by them, to the nurses.

Nursing care has always been a busy business, but it got busier by the year. In addition to new patient care responsibilities, nurses were still performing non-patient care tasks, like washing windows, floors and beds, washing and resterilizing foley catheters, cleaning, sharpening and resterilizing needles, washing gloves, checking for leaks, repowdering and sterilizing them, until in the mid-sixties, then disposable items were developed.

Dr. David Kelble, a civilian pulmonologist, contributed his recollections in an interview. When ventilators and the monitoring of arterial blood gases became a useful clinical tool, a drastic change in patient care occurred. There were no intensive care units, but nurses were required to intensely observe ventilated patients in addition to their non-patient care duties. At that time, all serious lung cases received tracheostomies. The first ventilators were attached to a face mask or to the trach. At first, physicians operated these cylinder/piston volume ventilators. Using arterial blood gas data to follow how the patient was responding, the doctors drew arterial blood from the brachial artery through a specially designed large bore, luer lock needle. This method was quickly replaced by drawing arterial blood through a smaller needle inserted into the radial artery. It wasn't long before the doctors trained the nurses to do the same. The need for an Intensive Care unit, staffed with specially trained nurses, became essential as acute care cases required more individualized nursing care and physicians needed more and more measurements of data to prescribe treatment.



Early in the 1950s, the chest respirator made it easier for the nurse to work with the patient and gave the patient a chance to come out of the iron lung for short periods of time.

World War II begins for Americans

Army Nurse Corps strength rose to 57,000

December 17, 1941, first patients admitted from war

5,000 patients at a time at Fitzsimons

1,400 Army nurses were decorated for bravery

Penicillin was discovered

1942 New Post Chapel dedicated

1943 Actress Dorothy Lamour inaugurated 1,035 seat theater

Hospital operates own victory garden and farm

1944 WAC (Woman's Army Corp- enlisted personnel) arrive

1945 3,400 bed capacity

1947 Prisoner of War camp established to treat TB cases

Chiefs of Nursing:
Miss Barbara Lane
1940

LTC Elsie Neff
1943

LTC Nora Freedman
1948

1951-1960

World War II was over

Korean War 1951- 1954

57 Army Nurses enter
Korea

Baby Boom in process-
2,000 babies born 1953

Polio epidemic growing

Iron lung in use

Mid-1950s Fitzsimons
only military hospital
doing open heart surgery

September 24, 1955 to
November 11, 1955
President Eisenhower
hospitalized at
Fitzsimons

1955 the Army began
commissioning male
nurse

VeDonna Feld, LPN, "In 1967, I began working at Fitzsimons on 2 East which had 50-60 beds. Right away I wanted to work in the Medical Intensive Care Unit. After graduating from a Minnesota nursing school in 1962, I started as a general medical surgical nurse. Later on, I received EKG and cardiology training. At that time, Fitzsimons did not have a CCU. The SICU and Recovery Room were combined. I was placed on a waiting list to work in the MICU and couldn't wait to work there. I knew I could provide better nursing care if I could concentrate on fewer patients. Several months later, I was transferred to MICU. I remember the equipment as crude and not as up to date as in Minnesota. There were no windows. The ventilators looked like old washing machines. Our staffing was 2 RN's, 2-3 LPN's, 1-2 corpsmen. LPN's were assigned to several patients. One RN was assigned to the desk; her job was to take off doctors orders, one RN gave all the meds, LPN's did blood pressures, temperatures, baths and weighed patients. After a few years, LPN's were given more responsibility in the MICU and were allowed to give oral medications and were assigned specific patients. An ICU course was eventually developed for LPN's. The CCU opened in September of 1972. I was one of the first to work there. I remember the first night. We had no patients and then our first patient was rushed through the doors. He was in cardiogenic shock. What a stressful night, but we made it, we did it.

"I met my husband while working in MICU. He was an E-6 also working in the MICU. Then he became the NCO Evening night supervisor. We were married, then soon after, he received orders for Germany and we both went. In 1977, we returned from Germany and I began working on 2 West until an opening in MICU. In the Spring of '77, I went to work there. Things had changed. Now one nurse took care of two patients. There were special arterial monitoring lines, RN's were administering IV push medications, the Swan-Ganz catheters had changed and intravenous drip medications were being used. I remember taking care of Dr. Pollack when he was a patient in the MICU. In 1955, he was the doctor who took care of President Eisenhower after his heart attack. Dr. Pollack told us stories about what it was like taking care of a President. At Christmas, Mrs. Pollack knitted us booties." VeDonna worked until the hospital closed and then retired.



In memory of Sharon A. Lane

The Recovery Room at Fitzsimons was dedicated to the memory of 1st LT. Sharon A. Lane, who sacrificed her life as a member of the Army Nurse Corps while serving in Vietnam. A beautiful bronze plaque was placed near the Recovery suite in her memory. Sharon was assigned to Fitzsimons in June of 1968 until April of 1969. She chose Vietnam as her next assignment. Sharon was taking a break with a co-worker on the morning of June 8, 1969, at 5:55 a.m. A Viet Cong rocket exploded between two Quonset huts housing the ward. Shrapnel flew through the wall and seconds later, at age 25, Lane was dead. She was the only American service woman and Army nurse to die by hostile action in the war.

Nancy (Reeves) Gavi, RN, BSN 1970

"In November of 1970, I came to Fitzsimons as a 1st Lt. and worked on 3 West, the all-male surgery ward. I can remember hanging IV's on the curtain rods because we did not have enough poles. I can still see the long halls, open porches, the big wide open bays full of Vietnam veterans. This was the best time of my nursing career with a lot of good memories, especially when the vets really pitched in to help the nursing staff.

"At Fitzsimons, during this time, morale was high. Everyone pulled together. I felt good about helping those who had fought for our country. We had a lot of fun times, the patients and staff cared about each other. It was crazy when we all got into water fights and lotion fights. The vets would have wheel chair races. It was sad when they did not receive appreciation from the public, but as nurses, we showed them the love and care they deserved."

"Friends, brothers, husbands and sons, who were stabilized in Japan with severe multiple injuries, were transferred to Fitzsimons. Many received multiple surgeries. Others were paralyzed; some were armless and limbless, most were emotionally wounded. I can still see one soldier, blind and limbless, and there stood his very pregnant wife. I thought, oh, my God, but he was happy to be alive and home.

"I remember paralyzed patients laying on Stryker frames. We took care of them for general surgery, then they transferred to the neurosurgery ward for more surgery. Our patients helped us so much. Stronger patients would take other patients to x-ray, physical therapy and the clinics. All stayed until they were well, cost was not a concern.

"Building 502 became the holding ward for amputees. At Christmas time, many amputees would not go home. They would say "No, I don't want to leave and go home. We became their home. We loved and cared for them all. Fitzsimons was their comfort zone until they were ready to leave. We did not kick them out. Our amputee rehabilitation was the best in the world. They were even taught to snow ski.

"There was one vet who suffered more deeply than most, he was here a long, long time recovering from his injuries and emotional trauma. At that time, we did not have a good system to care for emotional problems. A few years after leaving Fitzsimons, he killed himself.



Brigadier General Hays, Chief Army Nurse Corps, took time to chat with a patient at Fitzsimons in November 1970.

**Chief of Nursing:
COL Edythe Turner
1950-1952**

**Department of Nursing
officially established
Nov. 1953**

1961-1970

**Fitzsimons world famous
for pulmonary research
and treatment**

**Fitzsimons world famous
for open heart surgery**

**First ventilators become a
useful clinical tool**

**Intensive Care Units
established**

Vietnam War

**Massive drafting of sol-
diers and doctors**

**Nurses not drafted but
could volunteer to join
the military**

**5,500 nurses served in
Vietnam**

**2,238 patients admitted
from Vietnam in 1969**

**1,146 patients admitted
from Vietnam in 1970**

In 1964 of the 400 active duty male nurse in the Army, 30 served at Fitz

Chief of Army Nurse Corp, Anna Mae Hayes, promoted to Brigadier General

1Lt Sharon A. Lane, FAMC ICU nurse, killed in Vietnam

Chief Nurses: COL Alice Gritsavage 1959-1963

COL Edna Earl Ross 1963-1965

COL Ruth Taylor 1965

COL Ida Ayers 1967-1969

COL Rita Geis 1967-1971

1971-1980

1971 Vietnam admissions dropped to 586

1972 CCU opens

1973 First POW's come home

First time in Newborn nursery for "babies at the bedside"

Prebottle formula in use

"In 1973, I remember watching TV and crying as the first POW's returned home. Ford Motor company gave them new cars. I dated a POW, who had been imprisoned for five years. He told me countless stories. His memories were so painfully deep. After transferring to Germany in July of 1973, I never saw him again.

"In 1980, I came back to Fitzsimons as a civil service nurse. When you leave a place and come back, it is never the same. This time I worked on 4 West, the female surgery ward. In 1986, I went to work at the Outpatient Clinic until the closure. I recently finished reading a book about Sharon A. Lane, RN, the only nurse to be killed by enemy fire in Vietnam; she left Fitzsimons before I came in 1973. Our lives were a lot alike. We both have business degrees, but we both became Army nurses. In the book, it told where she lived at Fitz, I realized, I had lived two doors from where she had been living.

"I wouldn't give up my Vietnam experience at Fitzsimons for anything. I came with book knowledge and left with excellent clinical skills. We did it all. It was busy and I loved it.

Ms. Sally Macko, RN, operating room nurse for 27 years, retired as charge RN of open heart and thoracic surgery saying, "My most special memories are the ones, many of them involving the Vietnam veterans coming "home" to Fitz for their post trauma care. Fitzsimons was the best. Doing open heart surgery and training operating room nurses really kept me busy."



LTC Christine Krimbill, RN, BSN, "The first time I was at Fitzsimons was in 1978, in the newborn nursery, located on the 6th floor. Our 20 beds were divided into rooms. The red room, Level I, had up to 10 beds and the yellow room, Level II, had eight beds. The pediatric floor was on 3 E with 50 bed capacity, 23 of those beds were on the back bays, an open space. Four beds (two rooms/ two beds each) were located near the nurses station and were used only for intensive treatments: ventilators, central lines, peritoneal dialysis. In the Spring of 1985, the renovation resulted in a Pediatric Intensive Care Unit that was not used until 1989. The Neo-natal ICU was established in 1985 on the back bay. If a pediatric patient need to be in the ICU, he/she went to the adult MICU and a peds nurse was pulled to go work there."

Bobby Sleep, RN, Evening Night Supervisor (1983 to closure) tells it so well, "My career at Fitzsimons started as a Pediatric staff nurse in 1983. At the time, there were 47 beds with special observation rooms for the most seriously ill children. This was prior to the advent of the Pediatric Intensive Care Unit. Routine pediatric illnesses were managed plus surgical, neurosurgical, ENT, urology, cardiology, orthopedics and especially high volumes of plastic surgery and oncology. It was a very busy ward which brought many smiles and much heartache as I saw the courage of the children in their heroic battles with cancer. I was devastated when Pediatrics began downsizing.

"It was at this time, I was assigned to the Emergency Room and started with much trepidation, but I soon learned to love the rapid pace and challenges that I met. I went home with aching feet, but a good feeling that I had touched a number of lives and really made a difference. Many of the patients with COPD, asthma, cardiac problems, etc. became not only my patients, but my dear friends. ER was the first area at Fitzsimons to start 12 hour shifts. This took special authorization from the civilian personnel office, union and Department of Nursing. The 12 hour shifts were so successful that the ICU's and wards soon began following suit."

"That October, in 1989, I was selected to fill the position of Hospital Evening Supervisor, which was another first for me and Fitzsimons as prior to this time, only lieutenant colonels were assigned to this position."

"I remember young active duty officer and enlisted medical personnel arriving scared, but leaving experienced and secure. Physicians arrived acting like little boys and grew up to Chiefs of Departments. I felt like they were my family and had helped to raise them. After they graduated from Residency, it was hard to say good-bye, it was like saying good-bye to a family member."



1974 Tuberculosis patients still being treated

Last time the Iron lung was used for polio victims

1975 Nurses still washing windows and cleaning beds

Chief Nurses:

COL Rita Geis

1969-1971

COL Mary Matlock

1971-1973

COL Barbara Lane

1974- 1976

COL Margaret Phillips

1976-1978

COL Larry Scheffner

1978

COL Ramona Delaney

1979

COL Patricia Hoover

1980

1981-1990

Peace Time

Fitzsimons down to 450 beds - 1990

Phlebotomist to do lab draws allowing nurses more time with patients

High technology
proliferates

The workload increases

Cost of medical person-
nel, supplies and equip-
ment skyrocketing

Nursing shortage ex-
plodes

Stress and assertiveness
articles emerge

Chief Nurses:

COL Nan Borg
1980-1982

COL Terry Miller
1983-1984

COL Pat Sylvester
1984-1986

COL Rita Van Lith
1987-1988

COL Sandy Johnson
1989-1990

1990-1996

Chief of Nursing:

COL Karen A. Seipp
October 1996-Closure

1990 "Desert Shield"
August -December

1991 "Desert Storm"
January - February



SFC Carla J. Cordova, wardmaster of 7 East/West Thoracic and Urology section, (1985), "I was a civilian trained LPN who came in for more advancement. I like the people who I come in contact with and really enjoyed working with them and the patients and getting everybody discharged from the hospital in a healthy state of mind and body. This was a big medical center and we had a lot of patients. After work, I liked to relax and listen to my 1950s-60s record collection. One Day, I would like to be a section leader or senior wardmaster. I really like nursing and think it is a challenge."

Anne Chonka RN, BSN, Post Partum and Newborn Nursery (1985 - until Closure), "From 1985 to 1993, I worked on 6 West, Post Partum/ Nursery. We were very busy. I can remember the patients straightening their own beds, staying three days if it was their first baby, staying two days if they were multiparas. By 1991 this changed, multiparas's went home one day after delivery and the first time moms vary now most leaving after 2 days. If any problems developed, they stayed longer."

"Antipartums, moms with complications prior to delivery and on bed rest, required external fetal monitoring three times a day. We tracked fetal heart rates, movement and amniotic fluid. Complicated cases ranged from small for gestational age, premature labor, multibirth, renal disease, diabetics and pre-eclampsia. On Leap Day, 1988, a record number of babies were born. I can remember back in 1991 two weeks of hell. Three of our 20 patients were extremely complicated. One lady was admitted carrying triplets, 24 weeks gestation, resulting in an emergency C-section. Two other patients, both carrying twins, required fetal monitoring, plus 7 other babies to monitor."

"I always worked straight 8 hour night shifts and then I tried changing to 12 hours. I was driving home one morning after a long 12 hour night, it was rush hour traffic and snowing. I stopped on the corner of 8th and Corona for the red light and fell asleep. People banged on my car window, yelled at me, and woke me up. They asked if I was OK.? I refused to work any more 12 hour nights. In 1993, I worked in Patient Administration as a Nurse consultant and Pre-certifications Nurse."

SFC Farrow N. White, Jr., Wardmaster of the Pediatric section (1985), "My back ground has been predominately combat support, I have been assigned to medical battalions of special forces and have a lot of years of clinical experience."

Kids are a challenge, as well as parents, and you have to make special efforts to keep them both pleased. If you don't take care of mom, you're not going to be very effective in taking care of the child."



Lasting memories continue on. . .

Brigadier General Clara L. Adams-Ender, former Chief of the Army Nurse Corps

In 1996, while visiting Fitzsimons Army Medical Center on the Army Nurse Corps' 95th birthday General Adams expressed, "My most fond and vivid memory of Fitzsimons is the spectacular view of that majestic and magnificent structure with the snow-capped mountains in the background. It was a superb facility in which to work and I shall always remember the place fondly. When I became the 18th Chief of the Army Nurse Corps, I always looked forward to my return trips to Fitzsimons Army Medical Center."

John Gray, RN, BSN, began working at Fitzsimons in 1990 on 5W Neurosurgery and later transferred to CCU where he continued to give specialized intensive care until the hospital closed. "What I remember most is, February 1991, when one of the first Desert Storm casualties was air evacuated to us. Still laying on the gurney, he looked up towards me with his one good eye. The other one was patched; it was gone because of an unfortunate accident. One of our multi-rocket launchers blew up, shrapnel hit his eye. Looking at the patient, he seemed so sad and depressed. I felt sorry for him."

Sara Karstetter RN, MSN, CCU Head Nurse from July 1993 until the Closure "As a child, I remember hearing about Vietnam veterans going to Fitzsimons Army Medical Center. It was very famous for its orthopedic rehab. One vet, from my home town in Ohio, came here for shoulder reconstruction and rehab."

"I began working at Fitzsimons in all the Intensive care units, CCU, MICU and SICU located on 4 West. In July 1993, I was selected for the CCU Head Nurse position." At that time, civilian Head Nurse positions were mostly in the outpatient clinics. For 20 years, Jean Rodgers, RN managed the SICU and Recovery Room as the only civilian head nurse within the hospital. After her retirement, this position converted to a military slot.

The 5502nd U.S. Army Hospital deployed to Fitzsimons, some were sent to the Persian Gulf

1992 Closure of 6E OB/Gyn and Female Oncology

1992 Renovated Pediatrics

1992 Plans for new hospital underway

1993 No new hospital-decision to renovate present hospital

1993 MICU downsized from 7 beds to 5 beds

CCU downsized from 7 beds to 6 beds

SICU downsized from 12 beds to 10 beds

1993 4E MICU, CCU, SICU move to 3W while units are renovated

1993 PICU closes in July - PICU patients now cared for in MICU until officially phased out that winter

1993 Rumors of BRAC closure Winter

1994 Adult Primary
Clinic opens July

1994 Closure of
NICU, Labor & Delivery,
Newborn Nursery - Sep-
tember

1995 Closure of 5W
male Ortho - July

1995 Pediatrics moves
to old PICU (back bay
area) - August

Pediatric Clinic moves to
Pediatric floor 3E

Closure of MICU
(merges w/ SICU) - De-
cember

1995 Sept. Official
BRAC announcement

1996 Closure of Pedi-
atric Ward - June 1

Closure of CCU (merges
with SICU) - June 1

Closure of 2 E - June 1

Closure of 2W - June 14

Closure of ER and OR

Closure of Adult Primary
Clinic (Bldg. 417) - June
21



Josette M. Wood, RN, Department of Radiology (1984-closure),
"The halls and buildings of Fitzsimons are alive with the spirits of its former patients and staff. I can walk this place and recollect good times as well as bad times, joys and sadness, but above all, I can remember the warm feelings that happened to me. I am a nurturing person who needs nurturing. I remember most those feelings that made me feel warm inside. As a civilian nurse, I have worked here a long time. The military have come and gone, moving on with their careers. They were a part of my life and I a part of theirs."

"In July of 1984, I was assigned to 3 West, male surgery ward. The ward had 67 beds and consisted of general surgical, eye, ENT, over flow GU, chemotherapy and radiation treatment patients. It was the best time and the worst time of my life. The work was hard and tiring, but rewarding and full of warm feelings that made heaven prevail. Downsizing the number of admissions and increasing the acuity of care, led to my assignment to the Department of Radiology in 1991. This position had never been held by a nurse, civilian or military. Now I was the sole RN, developing nursing policies, procedures, standards and competencies for pediatric, adolescent, adult and geriatric patients. It was my job to develop and institute



quality nursing care for patients undergoing radiological procedures. Ninety percent of the nursing care involved the administration of sedation; "conscious sedation" standards were followed. Inservices were held to teach doctors, nurses and radiology techs the knowledge and skills that are vital in the monitoring of a patient who has received IV sedation.

"I remember a Major (Ret) Radney, who came to Fitzsimons over a period of 10 years, multiple admissions for various problems. No matter where he was in the world, he would come to Fitz for his care saying, "They may treat you good at other places, but if you want the best care, come to Fitzsimons." He would say this every time he was admitted. This is one of the reasons Fitzsimons will live on in my memory."

Major Jane Denio, (July, 1995 to closure, Head Nurse, Ward 5E) expressed so beautifully, "The halls of the hospital will long echo with the footsteps, cries of patients and babies, family members in need of a comforting arm or shoulder, beeps of machinery, overhead pages, ringing telephones, patient call lights, staff calling to one another for the narcotic keys and nurses asking, "who paged Dr. so and so?" The laughter, tears, heated discussions, and chitchat of the dedicated, caring nurses and other health care team members will live through the patients who have received care here and in the memories of those who have worked in these hallowed walls. May we all take at least one fond memory with us as we move on in our careers and lives: that of appreciation from the patients we helped **comfort, heal, and relieve.**

**Last to close: ICU, 5E
and Same Day Surgery -
June 28**

**1996 June 28
Medical center
officially closes doors**



The last patients at Fitzsimons.

SSG William Thomas, PDRL

Mrs. Brunhilde Alexander, wife of retired U.S. Air Force Tech. Sgt.

Saying good-bye to Fitzsimons

In June of 1996, the last month the hospital was open, small groups of nurses walking slowly down the long vacant halls, said good-bye to FAMC. Starting on the 8th floor, making their way down through every floor, looking into every room and remembering all their patients whom would always live in their hearts. From the first patients arriving on September 24, 1918 to the last to leave on June 28, 1996, Fitzsimons will always be remembered as one of the finest hospitals in the world.



Administration

Nursing Personnel



Pediatrics-3E

Medical Intensive Care Unit - 4E
(MICU)



Gynecology



Home Care





Surgical Intensive Care Unit
(SICU)



Coronary Care Unit
(CCU)

Medical ward
2-East



General surgery ward
5-East



General surgery ward
5-East



Practical Nurse Program

The history of the practical nurse program at Fitzsimons Army Medical Center (FAMC) has its roots entwined with the Army's original practical nursing program. Walter Reed Army Medical Center (WRAMC) offered the first 48 week program, known as the Advanced Medical Technician Program in 1950. FAMC's first class started in October 1952 and graduated on October 9, 1953. The 57 graduating students were awarded the 4123 MOS. Captain Lucille Fisher was the program director. The soldiers graduating from the program could take the practical nursing licensure exam which at that time had to be administered by the State of Utah. The course was started to enhance the utilization of professional nurses and replace them on the front line. The overall mission of the program was three-fold: 1) to train enlisted technicians in the skill and appreciation necessary for good quality nursing in the care of selected patients, 2) to apply all related knowledge to the total care of these patients, and 3) to develop an appreciation and understanding of the essential team relationships and cooperative responsibilities in assisting the professional nurse.

The MOS changed many times over the next few years. In 1954 the MOS changed to 1124 and graduates of the programs were known as Clinical Technicians. In 1955 the MOS changed to 918.6 and graduates were known as Clinical Specialists. In 1956 the MOS changed to 811.3. In 1966 the MOS became the 91C and remains so today. In 1969 the State of Colorado fully accredited the program, allowing students to take the state board examination and become licensed by the State of Colorado.

The original practical nurse program conducted all education at one site. In 1985 the program took on a more centralized appearance with Phase I at Fort Sam Houston, Texas and Phase II at various sites around the country. The program is currently accredited by the Texas State Board of Vocational Nurses. Students are expected to achieve entry-level practical nursing competencies for medical-surgical nursing. FAMC graduated over 4,000 soldiers from its school over the past 44 years and along with the program at Brooke Medical Center conducted more classes than any other 91C training site. The current mandate of the Practical Nurse Program: "To prepare selected and qualified Army Medical Department enlisted personnel to provide basic practical nursing care and to function as first-level NCO's in a variety of settings during peacetime, operations other than war, and mobilization," will continue at WRAMC which resumed its position as a 91C training site in 1995. As FAMC graduates its 78th and final class, we celebrate the successes and look forward to the continued tradition of excellence of the Army Practical Nurse program. The care rendered to soldiers and their families by the many graduates of the FAMC 91C program will always be the strongest tribute to the students and the many people involved in their education.



CLINICAL TECHNICIAN CLASS No. 3

Fitzsimons Army Hosp. Oct. '54

The first class (shown above) graduated in 1954 and the last class (pictured below) graduated in 1996.



Department of Pathology



Mission: The Department of Pathology and Area Laboratory Service provides clinical pathology, anatomical pathology, and blood bank services to health care providers at Fitzsimons Army Medical Center.

Statistics: In a typical year prior to the BRAC downsizing, the Department of Pathology performed an average of over 300,000 tests per month. This was accomplished with a staff of 120 employees consisting of doctors, medical technologists, medical technicians, and support staff.

Accomplishments: The Department of Pathology is one of the more federally regulated departments at Fitzsimons. The Department holds a license of accreditation from the College of American Pathologists (CAP), American Association of Blood Banks (AABB), Food and Drug Administration (FDA), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and the Department of Defense Clinical Laboratory Improvement Program (CLIP).

Department of Pediatrics

The Department of Pediatrics at Fitzsimons Army Medical Center provides general pediatric inpatient and outpatient care for dependents of active duty and retired personnel. We evaluate 2,000-2,500 dependents a month, providing well child and acute care immunizations and multiple outpatient diagnostic studies. Subspecialty care in genetics and pediatric cardiology is also available and supports a 12 state region. Our inpatient ward admits acutely ill pediatric patients while actively supporting the various surgical services, caring for post-operative orthopedics, gen-

eral surgery, ear, nose and throat (ENT), urologic and ophthalmologic pediatric patients. The department also maintains an active role in Graduate Medical Education by providing training for interns, 91Cs and child health associates.

Additionally, our Exceptional Family Member Program supports Fitzsimons and the region by providing developmental pediatric expertise, as well as speech, physical and occupational therapies for pediatric patients.

Department of Pharmacy

MISSION. To provide pharmaceutical care that promotes the optimal use of drug therapy in order to achieve specific outcomes that improve a patient's quality of life.

Historically, the Fitzsimons pharmacy has been at the forefront of Army pharmacy practice by implementing innovative pharmacy services such as unit dose drug delivery and intravenous (IV) admixture in the 1970s to pharmaceutical care in 1990s. The Department of Pharmacy has also provided specialty services to include hematology-oncology pharmacy and nuclear pharmacy. Serving as an accredited residency training site for the American Society of Health-Systems Pharmacists, the Fitzsimons pharmacy has graduated numerous pharmacy officers to practice as hospital pharmacy administrators, hematology-oncology pharmacists and nuclear pharmacists. Although workload is decreasing as the base closure approaches, the pharmacy has remained one of the busiest departments at Fitzsimons. Current workload figures show that on an average day, the pharmacy has approximately 1,000 patient contacts, fills about 2,000 prescriptions, prepares 300 I.V. admixtures, and dispenses drug supplies worth \$25,000. The Fitzsimons Department of Pharmacy has been, and will continue to be, a leader in Army pharmacy until the doors are closed.



Department of Psychiatry



The mission of the Department of Psychiatry was to provide comprehensive psychiatric services to active duty members, retirees and family members. The population served ranged from children two years old to adults in their 90s. Various services under the auspices of the Department included Inpatient and Outpatient Psychiatry, Psychology, Neuropsychology, Child and Adolescent Psychiatry, Alcohol and Substance Abuse counseling and Occupational Therapy. The number of monthly patient visits ranged from 1,600-1,900 during the last four years.

During WWII, the Department of Psychiatry, known as Neuropsychiatry, was a large and comprehensive Service. At any one time, 200-300 psychiatric patients were housed in Bldgs. 609, 606, 605 and 604. Italian Prisoners-of-War were held in Bldgs 604 and 605 which were also known as the "Guard House." Bldg 608, the present-day legal office, housed the administrative

offices for the Department. Outpatient Psychiatry and Psychology were located in a building near where the PX now stands. Ten to 12 full-time psychiatrists were employed, as well as ten full time secretaries.

During the Vietnam era, Ward 609 had from 85-100 acute psychiatric inpatients with room for an additional 50 in Bldg 606. In the mid 1970s, Outpatient Psychiatry and Psychology moved to Bldg 606. The 70s also saw the opening of a day treatment center called, "New Directions," for family members.

In 1987, Outpatient Psychiatry and Psychology moved to their present locations in Bldgs 620 and 621. CHAMPUS partnership and contracted mental health with PHP Healthcare Corporation began in the late 1980s. Up through spring 1995, six military psychiatrists, a military psychologist, several CHAMPUS partners and PHP contract psychiatrists, psychologists and

social workers were the mental health providers for Fitzsimons.

Education was always an integral part of mental health services at Fitzsimons. Medical students from the University of Colorado and the Uniformed Services University and the Health Professions Scholarship Program rotated through Inpatient and Outpatient Services. Of note, Fitzsimons was consistently voted as one of the best rotations for psychiatry by the third year University of Colorado students during the mid-1990s. The University of Denver also sent psychology interns to work and train at Fitzsimons during the 1980s.

The combination of professional and support staff made the Department of Psychiatry.

Former staff members Polly Robertson 1942-1973, Marie Mascarenas 1957-1987, and Shirley Aldridge 1957-1987, provided the historical anecdotes for this summary.

Department of Radiology

The mission of the Department of Radiology is to maintain readiness, provide radiology care to patients, and provide training to residents in the field of Radiology.

The Department of Radiology Residency Program offers a variety of diagnostic imaging techniques including all aspects of roentgen diagnosis, Nuclear Medicine, Interventional Radiology, Magnetic Resonance Imaging, Computer Tomography, Ultrasound and Mammography. Ninety percent of our residents pass their boards on the first try.

FAMC Radiology MRI suite, rated highest in Army inventory, is linked to a revolutionary filmless system (Dominator). General Electric CT (9800 HDT) is the finest in the Army inventory and it is also linked to Dominator. FAMC was the only site in the U.S. Army for Interventional Radiography Fellowship training. FAMC is the first Colorado military installation to be fully mammography certified. FAMC uses a Linear Accelerator and a simulator in training radiation oncology patients.

Statistics for FY95: The Department of Radiology provided treatment for 73,225 patients, 1,406,392 film exposures and 2,158,112 weighted work procedures.

Phase II Student Program graduated 90 radiology technologists from 1994 through 1995.

Nuclear Medicine Service has conducted three major protocol studies within the past year. Bone densitometry study done in conjunction with the Endocrine Service will aid greatly in the diagnosis and early treatment of osteoporosis. A study was conducted to evaluate a new technology to correct for breast attenuation in women having SPECT studies for coronary heart disease. A study to correlate nuclear medicine SPECT cardiac studies and stress echocardiograms in the diagnosis of coronary heart disease was done in conjunction with the Cardiology Service.



Department of Surgery

The Department of Surgery represents 13 services as follows:

Cardiothoracic: Trains three residents and 13 interns per year, performs an average of 200 surgeries covering a vast number of cardiothoracic procedures to include coronary artery bypass, valve repair/replacement, bental procedure, repair of congenital heart disease, aneurysm repairs, pectus excavatum and carinatum repair, first rib resections, lung resections, etc.

Urology: Trains one resident per year, cares for 15,000 patients per year and does all aspects of urology surgery.

Neurosurgery: Sees 770 patients per year.

Gynecology: Sees 13,000 patients annually and specializes in endometrial, vulvar and cervical biopsies; IUD placements and removals; Norplant removals; colposcopy; LEEP; endocervical curettage; cryosurgery and ultrasound.

General Surgery: Trains eight residents per year with two residents graduating each year. Also trains and graduates eight categorical surgery interns; had an average of 10,000 clinical patient visits per year and 1,500 hospital admissions; specialized in laparoscopic, colorectal, vascular, endocrine, hepatobiliary and gastrointestinal surgeries. The General Surgery Service is also involved in the development of virtual reality training program and robotics surgery research which will revolutionize Combat Medicine as we know it well into the 21st Century.



Administrative Section



Operating Room #4



Anesthesia Operation Services (Above)

General Surgery Clinic 5 North (Below)



Orthopedics: Trains 12 residents per year, sees 26,000 patients per year and does all orthopedic procedures except spinal. Residents from this program have consistently scored in the top 5% nationally on the residency boards exam during the last five years.

Anesthesia: Have 5,757 surgical cases per year and specialized in 204 therapeutic blocks per year.

Plastic Surgery: Have 3,309 surgeries per year and specialized in Cranial Facial and Cleft Palate surgeries.

Occupational Therapy: See 2,000 patients per year and specialized in hand therapy, upper extremity splinting, psychiatric patients, stroke groups, post surgical cardiac and ambulatory patients and assorted functional deficit patients.

Physical Therapy: Trained two civilian Physical Therapy Assistant students per year, six military Physical Therapy Specialists, four civilian and three military Physical Therapy students; saw 27,186 patients per year. Specialized in an outpatient cardiac rehabilitation program, water/pool exercise program, exercise for diabetes class, back injury prevention class and sports medicine clinic.

Physical Medicine: Have 1,993 patients per year and specialized in electromyography (EMG) and evoked potential (ET) procedures.

Ophthalmology: Trains two residents per year, have 28,000 patients and specialized in laser cornea, plastic ophthalmology, neuro ophthalmology, glaucoma, diabetics and retinas.

Otolaryngology: Trains two residents per year, sees 17,459 patients per year, and specializes in head and neck cancer surgery, ear surgery, sinus procedures, cosmetic surgery and procedures in the oral cavity, upper airway as well as the larynx.



Urology Service



Tumor Registry Office



Orthopedics-Brace Shop

Physical Medicine Service

History: The physical therapy profession grew as a direct result of World War I. In 1917, after war was declared on Germany, the Office of the Surgeon General established the Division of Special Hospitals and Physical Reconstruction within the Army Medical Department. By 1918, the first “reconstruction aides” were mobilized and trained at seven civilian “War Emergency Training Centers”. Two years later, 748 reconstruction aides were assigned to Army hospitals.

The 1920s proved to be a period of significant growth for the profession. The American Physiotherapy Association (APTA) was formed to outline the scope of practice for the growing profession. In 1928, Wilhelmine Wright published *Muscle Function*, outlining a system to rate the strength of individual muscles based upon her work with polio patients. Her work is considered a true benchmark in the history of physical therapy and serves as a basis for numerous physical therapy textbooks.

By World War II, the title “physical therapist” replaced reconstruction aide, and the Bolton Bill of 1944 granted full commissioned status for the duration of the war plus six months. As the profession evolved, the APTA established a professional competency examination. The first of four Ph.D. programs was inaugurated at New York University in 1973. During the 1980s, the APTA established clinical specialty examinations to assess advanced clinical skills in: Cardiopulmonary; Clinical Electrophysiology; Pediatrics; Neurology; Sports Physical Therapy; and Orthopedics. In 1996, the APTA celebrates the 76th anniversary of the profession of Physical Therapy.



Physical Therapy



Occupational Therapy

Social Work Service

The mission of Social Work Service is to provide services to inpatients, outpatients, active duty personnel, their spouses and children, as well as retired military personnel and their families. The primary services include medical, social service, marriage and family counseling, Native American Services, family advocacy case management, acute care support, and Fisher House placement. Social Work Service is broken down into three sections: Family Advocacy, Discharge Planning and Outpatient Services. Positions include the Chief, NCOIC, four social workers assigned to the family advocacy section; Champus Providers who provided outpatient counseling for the Family Advocacy Section; a Discharge Planner; four social workers assigned to the Discharge Planning Section; six to twelve 91Gs (Behavioral Science Specialists) were assigned over a three year period; three administrative assistants for Social Work Service; and a Home Health Care Provider with two nurses and an administrative assistant.

Social Work Service saw a multitude of Domestic Violence Cases as well as many medical-surgical cases. The treatment and intervention strategies involved interpersonal, couples group and family counseling. Social Work Service functioned during the FAMC treatment days with a staff in excess of 35 members.

Monthly patient load regularly exceeded 10,000 patients. Supporting treatment was provided to all areas of the medical-surgical function, plastic surgery, pediatrics,

maternal and child care, ER, 91C School, USAMEOS intern and resident programs and tenant units in addition to all local community military units.

Student practicum placements from the University of Denver occurred routinely at both the graduate and undergraduate level. Support for inpatients and outpatients during Operations Desert Shield and Desert Storm allowed contract workers to be hired to cope with an increased workload.

Social Work Service took the lead in implementing a violence response team, which led to a nationally renowned speaker (Dr Baron) in violence in the work place.

Social Work Service also achieved a training level that certified workers in child and spouse abuse, sexual abuse, elder abuse, sexual assault and child maltreatment. The service also worked with CPO/MER and established a productive Employee

Assistance Program. Members worked with the Aurora Gang Test Force and the Governor's Task Force for Health Promotion. FAMC Social Work Service was selected as one of the sites to provide data on child fatalities to a select HAC briefing.

During the period of July 1993 until the present, there have been no domestic violence fatalities. Social Work Service has transitioned from a Medical Center to a Health Clinic with no disruption of services. Social Work Service will continue to provide services until the gates are closed.

Social Work Service has chaired the bimonthly Case Review Committee (CRC) meetings, provided support for holiday depression to permanent and tenant units, supported inpatient Psychiatry, chaired the Hospital Quarterly Discharge Planning Committee meetings and provided assessment/evaluation for admittance to the Fisher House.



Other Groups

Fitzsimons Thrift Shop

The Fitzsimons Thrift Shop has supported the area's military community for many years. Its unprecedented success is due in great part to the selfless dedication of numerous volunteers and hard working staff, as well as the loyal support of consignors and patrons.

The Thrift shop opened its doors March 1, 1950 in building T344, across the street east from the post chapel. The first floor offered for sale all consigned merchandise while, the second floor, sold items whose contracts had expired. At that time, items could be priced for as little as \$.35, (\$1.00 is the lowest at present), and the shop took 10% commission of the selling price. Markdowns were done in three incremental periods. At the end, items not sold or picked up by their owners automatically became property of the shop. The shop was staffed by a cashier, bookkeeper, and six or seven officers' wives volunteers.

The shop's operating days have always been Tuesday and Thursday. Around 1987, the store added the first Saturday of the month to its sales schedule.

In 1989, the store moved to its present location, Bldg 329, northeast of the Bowling Lanes. In 1992, Bldg 337 was added.

Thirty years ago, daily receipts would total an average of \$250. Today's sales, on a good day, can gross \$2500. The commission has increased to 20%

In the past, the Thrift Shop operated under the Fitzsimons' Officers' Wives' Club Constitution. Presently, it operates under its own Charter which controls the distribution of its profits. All monies are disbursed through donations to different military

organizations or deserving individuals, i.e., Hospital, Youth Services, Merit Scholarships, Greenhouse, Military Appreciation Day, Yard of the Month, Soldier of the Month/Year and much, much more. The 1996 records show that approximately \$24,000 was given in donations, of which \$13,000 was awarded for scholarships for the entire surrounding military community.

All active and retired military personnel, their family members who hold a valid I.D. Card and DoD civilians assigned to Fitzsimons are eligible to consign. Everyone is welcome to shop.

Though the hospital has closed its doors, the Thrift Shop will remain open indefinitely.



Officers' Wives Club

It is uncertain when the Fitzsimons' Officers' Wives Club (FOWC) was begun, probably shortly after the first officers' wives arrived at their new post. The only confirmed information is from a woman who continues to volunteer at the Red Cross and stated that it was existing when she arrived here in November of 1943.

Through the years the wives club has served as the hospitality/welcoming arm of the Medical Center, especially for those persons newly arriving. The social aspects included bowling, golf, a choir, day trips and ski outings, as well as formal balls and monthly luncheons.

Raising money to be used for the benefit of the Fitzsimons community has been a primary objective. The Thrift Shop which was under the umbrella of the FOWC until an amendment change in April of 1996, (necessitated by the dissolution of the FOWC in June 1996 and the indefinite continuation of the Thrift Shop), was the prime source for raising funds. Over \$77,300 has been given to family member high school and college students who qualify for the Thrift Shop/FOWC merit scholarships during the seven years these have been awarded.

Other fund raising events included art auctions, taking photos of the newborn Army "brats," a yearly craft bazaar, and selling of cookbooks and note cards. Money generated from these endeavors has funded memorial benches outside the chapel, patio furniture for the OB/GYN "deck," rocking chairs for the nursery, toys for the Peds ward, stereo equipment for many wards and clinics as well as art work to adorn the walls.



In 1996, the Greenhouse was revived due to the efforts of Julie Parker, wife of General Parker and Donna Smith, wife of CSM Smith, assisted by funding and volunteer help from the FOWC. Regular flower deliveries were made to the wards and Poinsettias and Easter Lilies from the greenhouse brightened many areas of the Medical

Center. Bedding plants were cultivated to bloom in the main drive flower beds, until the final closure of FAMC.

FOWC members volunteer hours at the Fisher House and serve as representatives to the Commissary, PX, and Health Consumer committees. *(Submitted by Dotti Wilson, FOWC Corresponding/Recording Secretary FOWC 1995-96.)*



Special Staff

American Red Cross

Department of Ministry and Pastoral Care

Equal Employment Opportunity

Internal Review and Audit Compliance Office

Office of the Center Judge Advocate

Office of the Inspector General

Public Affairs Office

Quality Improvement/Risk Management Office

Radiation Protection Office

Safety Office

The American Red Cross



The American Red Cross is a humanitarian organization, led by volunteers, that provides relief to victims of disaster and helps people prevent, prepare for, and respond to emergencies. It does this through services that are consistent with its congressional charter and the fundamental principles of the International Red Cross and Red Crescent Movement.

The American Red Cross received its first congressional charter in June, 1890 and was reincorporated by an act of Congress on January 5, 1905. Two purposes of the organization relate to activities with armed forces. As specified by the charter, these purposes are (1) to "furnish volunteer aid to the

sick and wounded of the Armed Forces in time of war..." and (2) to "act in matters of voluntary relief and, in accord with the military authorities, as a medium of communication between the people of the United States of America and their Armed Forces." Over the years, as changing situations dictated, amendments to the Red Cross charter, new federal laws, and military directives have given the Red Cross authority to expand its programs for the benefit of members of the armed forces and their families, both in peace and in war.

While the Red Cross receives a substantial amount of logistical support from the Department of Defense and its branches, the organization is prima-

rily funded by voluntary donations to United Way, Combined Federal Campaign (CFC) and direct contributions and fund-raising activities.

Because the American Red Cross belongs to all people of the United States, its services to the military represent the combined interest of the American people in all individuals who serve their country in the armed forces.

The American Red Cross provides social services to military personnel, retirees, veterans, and civilians primarily in the form of consultation and guidance with family and personal problems; reporting and communication, information and referral; and financial assistance. This service is pro-



vided by trained volunteer and paid staff case managers utilizing a worldwide Red Cross communication network. Last fiscal year (94-95), 445 military members and their families at Fitzsimons were provided 885 case management services. Of those cases, 62 individuals were provided \$34,099 in financial assistance; eight of those cases were grants amounting to \$4,504.

The American Red Cross teaches a gamut of health and safety courses: First Aid, Cardiopulmonary Resuscitation (CPR), Water Safety, and HIV/AIDS education. Last fiscal year (94-95), 1,190 individuals were provided health and safety courses and education.

The Red Cross continues to op-

erate as a strong service agency due to the countless hours of time donated by volunteers. The ratio of volunteer staff to paid staff within the organization is 50 to 1. These volunteers are central to the American Red Cross—not mere extensions of paid staff. Their jobs range from service to middle management to the highest echelons of leadership. They bring with them experience, skill, dedication, passion, and an unparalleled ability to reach out to the American people. Last fiscal year (94-95), 221 dedicated volunteers worked 42,155 hours and provide 394,452 services at Fitzsimons Army Medical Center.

Central to the mission of the American Red Cross is its proud tradi-

tion of provision of services to families and individuals impacted by natural and man-made disasters. Assistance is given in the form of a grant for essential items, such as food, clothing, shelter, household items/furnishings and medical/occupational supplies.

Volunteers respond around the clock to these emergencies as well as training and making themselves available for assignment to disasters throughout the country. Volunteers from military installations work alongside the volunteers from the community serving the disaster-caused needs of the American people.

Department of Ministry and Pastoral Care



Mission Statement: The Chaplain Ministry Team of Fitzsimons Army Medical Center provides a comprehensive religious program and visitation ministry for inpatients of a 200-bed Army Medical Center, teaching hospital, and military installation.

What We Do: To carry out its mission, the Department has four active duty chaplains, three chaplain assistants, a Department Secretary, four Catholic priests, two religious education coordinators, a Catholic Lay Eu-

charistic Ministry Coordinator, 20 Lay Eucharistic Ministers, two choir directors, two instrumentalists, and two volunteers. Each year the chaplains conduct approximately 400 worship services with over 10,000 attendees. Additionally, the chaplains perform approximately 75 funerals and memorial services each year for active duty and retired personnel in the Denver Metropolitan area. Fitzsimons' chaplains also provide premarital counseling, perform weddings for approximately 50

soldiers each year, and operate under a \$200,000 annual budget. The Chaplains' Fund donates over \$14,000 annually to charitable causes both locally and worldwide. Fitzsimons' Chaplains train approximately 25 reserve chaplains and chaplain candidates each year. The Department annually sponsors an interfaith National Prayer Breakfast with an average attendance of 200 persons.

Internal Review and Audit Compliance Office

Mission of the Internal Review and Audit Compliance (IRAC) Office: To go into selected areas and act as troubleshooters for the command. Internal Review assists Fitzsimons Army Medical Center (FAMC) members by providing them with analysis, appraisals, recommendations, and other pertinent information concerning the activities audited or visited.

What do we do: Determine the reliability and integrity of information; compliance with policies, plans, procedures, laws, and regulations; if assets are safeguarded and the most economical and efficient use of resources. In addition to performing audits, the IRAC is responsible for providing technical consulting services, various audit compliance services and acting as liaison for FAMC with all external audit agencies.



Recent statistics: In calendar years 1994 and 1995, the two auditors at FAMC issued 55 audit reports. These reports contained 228 recommendations that saved FAMC an estimated \$5,895,940.

Equal Employment Opportunity

The primary responsibility of Equal Employment Opportunity (EEO) is to advise the commander and managers on all aspects of the EEO program. Additionally, EEO is accountable for supporting the mission of the organization by planning, developing and implementing the multi-faceted EEO program which provides equality and provides for corrective actions to discrimination.

The objectives of the Fitzsimons EEO program is to ensure that employment practices demonstrate full adherence to the letter and spirit of Federal Government policy which guarantees equal employment opportunities to all persons without regard to race, color, religion, national origin, sex, age, physical or mental disabilities, and reprisal.



The EEO program, in addition to its advisory capacity, handles the EEO Complaints system, administers Special Emphasis Programs such as

Federal Women's Program, Black Employment Program, Hispanic Employment Program, provides training, and develops and monitors the Affirmative Action Program.

Office of the Center Judge Advocate



Mission: To provide expert and timely legal advice to the Commanding General in his role as Commander; to provide world-class legal support to all departments, directorates and tenant activities on Fitzsimons Army Medical Center.

Description: The Office of the Center Judge Advocate is a full service installation legal office with a full spectrum of legal support to the FAMC Command and Staff, soldiers, family members, service members from other services and retirees. Legal services are provided in the following areas: Military Justice, Labor Law, Legal Assis-

tance, Claims, Contract/Procurement Law, Administrative Law, Medical Claims, and the Third Party Collection Program and prosecution cases before the U.S. Magistrate Court.

Other information: The office is composed of four military attorneys (one LTC and 3 CPTs), two civilian attorneys (Labor Law and Medical Claims), three enlisted support personnel and six civilian support personnel. In 1995, the office assisted 434 people with wills, 1,065 with powers of attorney, and defended the U.S. government against

medical claims totaling over \$125 million. The office claims operating budget totals nearly \$300,000 and it has collected \$138,000 through its Third Party Collection Program (from insurance companies owing the U.S. Government for medical services provided to their insured). At a MEDCEN installation, a myriad of complex medical legal issues are addressed daily including access to medical records, withdrawal of life support systems, requests for witnesses or documents for use in litigation, clinical investigation issues, and many other matters.

Office of the Inspector General

The Army Inspector General (IG) is considered an extension of the eyes, ears, voice and conscience of the Commander. The IG is a personal staff, or special staff officer, who provides the Commander with a sounding board for sensitive issues and is typically a trusted agent in the command. IG's use inquiries, investigations, inspections, and assistance in performing their mission. The focus is on causes of problems, such as policy errors, rather than compliance to regulations. The IG has the responsibility of informing the Commander on all aspects of the command.

At FAMC, the IG office is responsible for the entire installation and assists MEDCOM with cases at Evans Army Community Hospital at Fort Carson.

The Commanding General, the Medical Center Brigade Commander, the Company Commanders, and the



tenant unit commanders may all ask the IG to look at areas of special concern.

By the end of FY95, the Fitzsimons IG staff had worked 303 cases, mostly assistance. To date, for FY96, the staff has handled 124 cases, again primarily assistance. Soldiers with pay problems, family members needing ID cards or monetary support while the

sponsor is deployed, and questions concerning housing, and the availability of medical care are typical issues handled by this office. Special areas of interest include monitoring the semi-annual Army Physical Fitness Test and other training.

Safety Office

The mission of the Safety Office is to ensure a safe, healthful work place, and to promote and enhance safety awareness. Classes are given at newcomer's orientation, and at the combined mandatory training twice a month. Safety inspections are conducted regularly. Responses are given to Occupational, Safety, and Health Administration (OSHA) citations and/or inquiries. Safety meetings are conducted every other month. The Joint Commission on Accreditation of Healthcare Organizations' (JCAHO) requirements for the Environment of Care Standard are monitored and documented.



Public Affairs Office

The mission of the Public Affairs Office (PAO) is fourfold; Community Relations, Public Information, Command Information and Historian. On a historic note, in years past, the PAO has also served as the aide-de-camp for the commanding general, the postal officer, assistant adjutant, assistant security, intelligence and cryptographic officer.

The office is responsible for all internal and external information released by the installation.

The Community Relations mission is a varied one and primarily involves participation and interaction with the community outside the installation. It includes providing guest speakers, tours, school career fairs, etc., as well as participation on various community boards and committees as well as coordination for special events.

Fitzsimons has long been active with the local Chambers of Commerce, dating back to their early efforts at purchasing the land to secure the military presence back in 1920. More recently, this office coordinated many efforts during the Persian Gulf War, after an outpouring of community support for the families of deployed soldiers. The PAO coordinated a fundraising drive that raised money by selling engraved bracelets to assist families of deployed soldiers. A weekend party with singer Lee Greenwood for injured soldiers was coordinated, as well as other outings for the war-time patients. The Fitzsimons coordination for the July 4 "Welcome Home" parade and subsequent media coverage was also accomplished by PAO. Countless displays for special emphasis programs, Hospital Week, and history have been coordinated by PAO.

Public Information has two elements, inquiries from the general



public about Fitzsimons or other military issues, and inquiries from media outlets. All patient condition reports released to media outlets come from PAO. The PAO fields answers to an average 700 inquiries annually, ranging from simple demographic information and referrals to issues like AIDS, Persian Gulf Illness, Closure, racial discrimination, gangs, military exercises and missions, deployments, medical research and advances, budget, disease outbreaks, construction and sexual harassment. The PAO maintains a close, professional relationship with representatives of the media, ensuring requested information is provided promptly, and in keeping with the DOD Principles of Information. Releases for the Hometown News Center are coordinated by PAO, to help tell the Army's story to the readers of civilian newspapers across the country. Speeches and medical manuscripts for publication are reviewed by PAO.

Command Information is the most visible of the three missions and

is primarily accomplished through the publication of the biweekly post newspaper, The Stethoscope. (History of the post newspaper is detailed earlier in this book.) The Stethoscope is the commander's tool to communicate with the soldiers, civilian employees, retirees and patients and their families. The newspaper also serves as a historical record of the numerous accomplishments and activities throughout the 78 years of service to the nation. Other notable accomplishments in Command Information include yearly production of the Unofficial Guide to the installation, patient guides, past commanders' book, special editions celebrating various anniversaries, and a publication for the World Youth Day '93 participants. The PAO created a new tool, the command bulletin, for daily updates on the water contamination crisis. The new CI tool was later used for immediate notification during other crises situations. The PAO is also responsible for the creation, presentation and update of the command briefing.

Serving as historian for the installation was an evolving mission, and as closure approached took on greater emphasis. Displays depicting the history of Fitzsimons were maintained in the main hospital. The PAO, in collaboration with the Visual Information Branch, prepared a video documentary of the 78 years of history as well as a magnificent pictorial display depicting the finest moments in the medical center's history. The commemorative history book that you're reading now is also a product of the PAO. The disposition of the historical property associated with Fitzsimons Army Medical Center will be the PAO's final duty as historian.

Quality Improvement Program Office



The FAMC Quality Assurance Program (QAP) was formed in January 1980, under the administration of the Medical Records Administration Division (MRAD). The QAP was created by combining the functions of the Utilization Review group, the Risk Management Group, physician credentials, and the departmental Mortality and Morbidity committees (renamed QA committees.) The existing Medical Care Evaluation Committee was renamed as the Hospital Quality Assurance Committee and ongoing monitoring and evaluation activities were also incorporated into the new structure.

In 1985, the program was transferred from MRAD to the Commander's Special Staff and a program director was hired. The Utilization Review, Ambulatory, and Inpatient Coordinators now reported to the new Director. In 1986, the QA Program

Office moved from Bldg. 500 to new quarters in the West end of Bldg. 511. New personnel were now added to the group, a JAG Medical Claims Officer, his NCO, and an Army Nurse Corps Risk Manager. The operation was now referred to as the QA/RM Program Office. The staff grew yet again in 1988 when the Commander authorized the addition of a Credentials Assistant, a Data Entry Clerk, and four data gathering technicians, bringing the total to twelve civilians and three military. This constituted the highest level of qualified staffing for QA/RM operations anywhere in the AMEDD. This fact helps explain the remarkable success of the organization throughout its existence.

By 1982, Fitzsimons had already developed a reputation as one of the best QA/RM programs in the AMEDD. The 1982 JCAHO survey had found no

deficiencies in the FAMC program and had made no recommendations for improvements. This pattern was repeated with every subsequent JCAHO survey up to the last, in 1994. By this time, the program had evolved and changed greatly from the earlier days. The confrontational process of Quality Assurance (QA) had given way to the proactive process of Quality Improvement (QI) in late 1991. The new watchwords for the program included interdisciplinary team building, process identification and continuous quality improvement. These new practices and principles of continuous quality improvement will be used by our dedicated office staff and FAMC medical professionals to ensure our patients and clients the best possible services throughout the difficult closure process.

Radiation Protection Office



The mission of the Radiation Protection Office is to provide comprehensive radiological consultative services for Fitzsimons Army Medical Center (FAMC) and its regional areas.

The FAMC Radiation Protection Office exists to provide outstanding and timely Health Physics support to the personnel and soldiers of FAMC installation, Fort Carson, Colorado, Fort Leonard Wood, Missouri, Fort Riley, Kansas, Dugway Proving Ground, Tooele Army Depot, Ogden Army Depot, Utah, and Rocky Mountain Arsenal, Colorado, so that illness and injury is

prevented or minimized.

We were part of FAMC's Central Health Services Support Activity: A thirteen state regional support family, primarily Colorado, Kansas, Utah, and Missouri. The Radiation Protection Office is directly responsible for ACR (American College of Radiology) accreditation of mammography radiographic systems at Fort Carson,

Fort Riley, Fort Leonard Wood and several army depots. The Radiation Protection Office also provided support to the Denver Military Entrance Processing Station, Rocky Mountain Arsenal, and Perinatal Research Facility associated

with the University of Colorado Health Sciences Center.

Decommissioning the cobalt teletherapy in 1992, FAMC saved over \$14,000 annually in Nuclear Regulatory Commission fees. The Radiation Protection Office decommissioned the Cobalt-60 Teletherapy Unit in 1993. The Nuclear Regulatory Commission approved license termination for the Teletherapy Unit in January 1994. We continue to manage the Commanding General's NRC By-product Material License, ensuring a safe and healthy radiological environment for the health care organization and its patients.

Tenant Units

Army and Air Force Exchange Service (AAFES)

AMEDD/USAR Procurement Office

Defense Accounting Office

Defense Commissary Agency

Defense Printing Service

DENTAC

Edgar L. McWethy, Jr. United States Army Reserve Center

5502 U.S. Army Hospital

324th Psychological Operations Company

5046th U.S. Army Reserve Forces School

Fitzsimons Federal Credit Union (FFCU)

Office of Civilian Health and Medical Program for the Uniformed
Services (OCHAMPUS)

Rocky Mountain Veterinary Service Support District

U.S. Army Center for Health Promotion and Preventive Medicine
(USACHPPM), Environmental Hygiene Activity

U.S. Army Medical Equipment and Optical School (USAMEOS)

U.S. Army Readiness Group, Denver 5th Army

Army and Air Force Exchange Service (AAFES)



The Army and Air Force Exchange Service (AAFES) has long been a part of the Fitzsimons Army Medical Center (FAMC). Exchanges were established with the publication of General Order No. 46, signed by The Secretary of War Daniel S. Lamont, dated July 25, 1895. Although we have changed the way we do business over the years, our mission of providing quality merchandise and service of necessity and convenience to authorized patrons at uniformly low prices, while generating reasonable earnings to supplement appropriated funds for the support of the Army and

Air Force morale, welfare, and recreational programs has remained unchanged. Over the years, AAFES has been proud to support the FAMC through the services provided by our many operations. In 1994, AAFES activities have included the Main Store, Four Seasons, Shoppette, Service Station, Military Clothing Sales Store, Hospital Retail Annex, and Burger King as well as our concession beauty, barber, flower, optical shops, laundry/dry cleaning, and Marty's Garage.

Defense Printing Service

The Defense Printing Service is responsible for the Department of Defense duplicating and printing program, and document automation, encompassing value-added conversion, electronic storage, output and distribution of hard copy and digital information. Value to the customer includes quality products and services which are competitively priced and delivered on time.

In fiscal year 1995 the DPS Fitzsimons Satellite Shop produced over eight million impressions in support of Fitzsimons Army Medical Center and tenant Commands.

During that same time frame, the DPS OCHAMPUS Satellite Shop produced 9.4 million impressions in the support of OCHAMPUS.

DPS had made major changes in technology during the last couple of years: eliminating all offset presses and the hazardous chemistry they require and replacing the presses with high speed duplicators that are the latest in technology. These high speed duplicators increased the quality of the product produced and reduced turnaround time to the customer.

AMEDD/USAR Procurement Office



The Reserve Recruiting Network was created in 1980 under the auspices of Lieutenant General Charles C. Pixley, Office of the Surgeon General. Recruiting regions and regional offices were established at or by major medical facilities. Prior to 1978, recruiting for active duty and reserve healthcare professionals was performed by active duty personnel as a secondary duty. Fitzsimons Army Medical Center's regional office was one of the first Army Reserve recruiting networks established under LG Pixley and was selected to align with the 6th Army.

The mission is to recruit healthcare professionals - physicians, veterinarians, dentists, and administrative specialties. Recently, our mission was transferred to the U.S. Army Recruit-

ing Command, which has plans to increase our scope to include nurse specialties. We work very closely with the active duty mission and our tenure in this specialty has been most successful. We have been instrumentally responsible for filling personnel requirements at the 5502d U.S. Army Hospital on post which backfills physicians for Fitzsimons. Other detachments on post have been dependent on our ability to procure critical healthcare specialties. We work closely with others in our region of responsibility which covers Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming to ensure mission accomplishment and quality support.

Although a small office comprised

of one AGR officer (Counselor) and one civilian employee (Administrative and Technical Support), we maintained contacts with applicants to the Reserve programs and provided liaison contacts between our Headquarters, regional and local universities, and medical schools and hospitals such as the University of Utah Medical School, the University of Colorado Health Sciences Center, Denver General Hospital, St. Joseph's Hospital, and St. Luke's Presbyterian Hospital.

We look forward to continuing our support to Fitzsimons and other installations in our region. The office will remain in the Denver area and continue our mission to ensure that a high standard of quality medical care is maintained.

Defense Accounting Office



The Defense Accounting Office (DAO) is a Department of Defense accounting firm. The DAO provides timely, accurate, and efficient finance and accounting support to Fitzsimons Army Medical Center, tenant organizations, soldiers and civilians. Support includes Military Pay services, Vendor Payments, Travel payments, Funding Agents, receiving cash collections for the U.S. Treasury, acting as a liaison between the central payroll office and the supported individuals and maintaining the official appropriated funds accounting records for supported activities.

FACTS:

PAY ACCOUNTS SERVICES:

Military 2,500

Civilian 1,800

DISBURSEMENTS & COLLECTIONS:

\$2.5 Billion/annum

TRAVEL:

8,000 Vouchers/annum

VENDOR PAYMENTS:

28,000 Payments/annum

ACCOUNTING:

30,000 Transactions processed/
monthly

Defense Commissary Agency



The mission of the Defense Commissary Agency (DeCA) is to ensure military readiness and retention of quality personnel by providing a valuable part of the military compensation package, which enhances quality of life through a worldwide commissary system for the resale of groceries and household supplies to authorized patrons.

The Commissary facility was constructed in 1918 with total sales area of approximately 12,000 square feet, and through the years grew to 7,000 line items and 40 employees, of which 9 employees have fifteen years or more of service at Fitzsimons Commissary. Average monthly sales were \$850,000 with seven cash registers operating five days a week. The Commissary has

gone through several changes under U.S. Army, then U.S. Air Force, now Defense Commissary Agency (DeCA). When the Lowry AFB Commissary closed in 1994, an estimated 18,000 retirees and 5,000 active duty members remained in the area. Fitzsimons was the only commissary left. Business leaped 125% with between 40,000 and 50,000 customers a month. Sales increased to over \$2 million per month, operating hours jumped from 48 to 60 hours weekly, and 15 employees and three cash registers were added.

Commissary patrons include members of the military services, the Reserves, National Guard, retirees, and family members. All merchandise is sold at cost, there is no markup and our cus-

tomers routinely save about 25% on their food bill by shopping at the commissary.

Ms. Alexa G. Fezler, Commissary Officer at FAMC, is the first recipient of the Defense Commissary Agency's newly established Michael W. Blackwell Leadership Award. FAMC Commissary had the best safety record in the region. We moved from a small to a large category store and were nominated for the best large store in the region. Commissary staff won the 1995 Midwest "Commander's Spirit" award for the "can-do" spirit of keeping the doors open in spite of physical limitations and adversities.

The commissary is considered a "Most Valued Benefit".

DENTAC



The staff of the DENTAC operates two dental clinics. Dental Clinic 1, the Oral and Maxillofacial Surgery clinic, located on the first floor of the hospital provides both inpatient and outpatient oral and maxillofacial surgery services to the supported population. It is the main referral site for oral surgery services within the Central Region. This extremely busy clinic also coordinates closely with other specialty services at Fitzsimons Army Medical Center (FAMC) to provide required dental services for patients with severe medical conditions whose dental health must be improved to aid the treatment of their disease.

Dental Clinic 2 is located in Bldg 514, FAMC. It is the only remaining source of military dental health services since the closing of Lowry AFB. It provides routine and emergency dental health services to all active duty personnel stationed at Fitzsimons, Buckley Field, and the greater Denver area. Available at the clinic are all general dental services and specialty care in pediatric dentistry and periodontics. The staff of 20 provides approximately 5,000 dental procedures to 1,200 patients each month. The clinic staff also provides weekend training to the three Reserve Component units stationed in Denver as well as annual training for several United States Army Hospital (USAH) Dental Detachments.

Edgar L. McWethy Jr.

US Army Reserve Center

The Edgar L. McWethy Jr. U.S. Army Reserve Center is located on the southeast corner of Fitzsimons Army Medical Center. They are not designated to close under the BRAC '95 legislation, but will continue its mission on the reservation.

The reserve center houses five reserve units ranging in size from small detachments to a 1,000 bed Army hospital. Specialist Five McWethy was a medic from Leadville, Colorado who received the Medal of Honor after being killed in action in the Bidh Dinh Province of Vietnam in June 1967.

The location of the reserve center facilitates the training of reserve personnel in the hospital during their two weeks annual training here.

Units at the center include the 5502 USAH; 324th PSYOPS; 721st IMSU; 405th MI Det; and the 440th MI Strategic Det.



5502 U.S. Army Hospital 1,000 Bed (Augmentation) Unit History

The History of the 5502 USAH and its predecessors date back to 1941, when the 29th Base Hospital was formed at the Colorado University Medical School - one of several such hospitals created at medical schools as an emergency measure at the start of World War II. The 29th Base Hospital was deployed to New Caledonia, in the Pacific Theater of Operations during World War II. The unit was inactivated and redesignated the 29th Field Hospital, U.S. Army Reserve, in 1949.

In 1952, the unit was relocated to and headquartered on the Fitzsimons Army Hospital reservation. About this time, it was redesignated the 156th General Hospital. In 1963, in an effort to reorganize and streamline the reserve forces, the hospital was redesignated as the U.S. Army Hospital Augmented (156th). In 1972, the 5502 USAH received its present designation.

In 1981, the 5502 USAH moved to its present location in the Edgar L. McWethy U.S. Army Reserve Center, located on the southeast corner of Fitzsimons Army Medical Center.

In 1991, 137 members of the 5502 USAH were activated in support of Operation Desert Storm. Many served in the Theater of Operations in Southwest Asia. Again, in 1996, the unit deployed 131 unit members to Germany in support of Operation Joint Endeavor in Bosnia.

Col. Robert D. Jones will be the seventh commander since the 5502 USAH received its present designation in 1963.

324th Psychological Operations Company

324th Psychological Operations (PSYOP) Company is a multifaceted instrument of national power and influence that can detect or dissuade potential adversaries and reach a variety of audiences abroad in support of U.S. objectives. PSYOP can erode an enemy's will before the commitment of combat forces as well as facilitate humanitarian relief mission and the reconstitution of societies following conflicts. Economical yet very effective, it is extraordinarily adaptable in various regions and across diverse cultural and ethnic groups. To be efficacious in conflict, PSYOP must be included in time sensitive planning from the outset; in peace time, it merges with diplomacy, public affairs, and other tools of statecraft. Each Brigade PSYOP Support Element has organic capabilities to develop and furnish PSYOP products in support of joint force commanders. Much more than simply leaflets and

loudspeakers, the 324th PSYOP in the final analysis can provide the active PSYOP fighting CINC with an extremely imaginative and versatile force multiplier.

Prior to describing support to the active components, four kinds of PSYOP - namely strategic, operational, tactical, and consolidation - must be defined. Strategic PSYOP includes international information activities to influence foreign attitudes which supports U.S. objectives. It is carried out largely by civilian agencies but may utilize or be support by military support assets. Operational PSYOP occurs prior to war or Operations Other than War (OOTW), and at the end of operations in defined regions; it promotes campaign effectiveness. Tactical PSYOP is mounted in areas assigned to commanders in war or OOTW and support tactical missions against opposing forces. Consolidation PSYOP is executed in foreign areas inhabited by enemy or hostile populations and occupied by U.S. forces, or in areas where

U.S. forces are based.

The 324th PSYOP have capabilities to support national objectives with organic assets that can produce and disseminate PSYOP products. The unit supports active duty training rotations, conduct time sensitive planning, and furnish advice. We are equipped and trained to execute tactical level, support special operations, an humanitarian missions. In addition, unit members possess civilian expertise which proved invaluable during real-world mission. The unit is assigned to the U.S. Army Civil Affairs and Psychological Operations Command (USACAPOC), a major subordinate command of U.S. Army Special Operations Command.

The unit participated actively in Operations "Just Cause," "Desert Shield," "Uphold Democracy," "United Nations Missions in Haiti," and "Joint Endeavor."



Reserve forces in Haiti

5046th United States Army Reserve Forces School

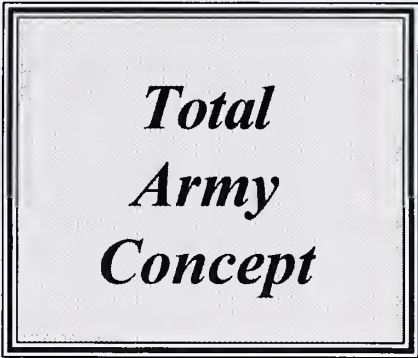
After the close of World War II, approximately six percent of the newly released officers and enlisted personnel chose to join the U.S. Army Reserve. The original Reserve Corps, formed to accommodate this group, was divided into three principal components: the Active Reserve, Inactive Reserve and Honorary Reserve.

The Active Reserve contained two segments made up of the Organized Reserve and the Volunteer Reserve. The Organized Reserve included all members who were assigned to mobilization units, who held assignments in the Organized Reserve Corps Training Units or Organized Reserve Corps Control Groups.

The Inactive Reserve included all members who were unable to participate in the required activities of the Active Reserve or who were disqualified temporarily from the Active Reserve.

The Honorary Reserve included all members who had completed twenty years of service in any component of the Army of the United States or who had become physically disqualified and had applied for transfer to the Honorary Reserve.

The USAR School, known today as the 5046th, was activated 19 October 1950 as the 5901 Organized Reserve Corps School within the



Total Army Concept

Fifth U.S. Army. The first Commandant was Colonel Theran M. Davis. In the first year of its activation, the 5901st, conducted one class each in Command and General Staff, and Engineer and Signal Courses. Instructors were required to be fully qualified in the Methods of Instruction. Today we know that as "Battle Focus Instructor Training Course".

In 1956, the 5901st Organized Reserve Corps School was redesignated to the 5046th United States Army Reserve School. In 1991, the 5046th USAR School was further designated to the 5046th United States Army Reserve Forces School. The evidence of the school's accomplishments is not always tangible, as in the case of a troop combat unit but is rather reflected in the increased ability of many individuals dispersed throughout Reserve units. Some estimate of this impact may be made by citing the fact that approximately ten thousand officers and enlisted per-

sonnel have been associated with the school in either a student or staff and faculty capacity during the first fifteen years of operation. This accomplishment is also reflected in the growth of course offerings, from three classes conducted during the initial 1950-51 academic year to twenty classes in the 1964-65 academic year. Between the years 1965 and 1996, multiple Military Occupational Specialty Qualification (MOSQ) courses, Noncommissioned Officer Education System (NCOES), and officer courses have provided training to approximately 25,000 students. The staff/faculty grew from 89 in 1987 to a current staff of 170.

After forty-six years of dedicated service in training thousands of soldiers, and the unsurpassed dedication of the staff and faculty, the school has been selected to become a brigade. On November 16, 1996 the 5046th USARF School will furl its colors and become the 6th Brigade, Professional Development under the 104th Training Division, Institutional Training. The last Commandant will be COL John E. Braun Jr.

Thank you to all the staff, faculty, and families of the present and past for making the 5046th USARF School such a solid reserve component training institute.

Fitzsimons Federal Credit Union



On October 10, 1955, Fitzsimons Army Hospital (FAH) Federal Credit Union was chartered by the Department of Health, Education, and Welfare. They began operations with 15 members and assets totaling \$360. A share was \$5 and the membership fee was \$.25. The first "office" consisted of two desks located in Bldg 511 and hours were from noon to 12:45 p.m., Monday through Friday. Loan amounts were limited to \$10, payable in 30 days. Later, unsecured loans were granted for \$200 or 10% of credit union assets. Ten months later, the membership grew to 794 and assets grew to \$100,800.

During 1959, the membership grew 88% to a total of 2,828 members and the assets surpassed the \$1,000,000 mark in mid-September, an increase of more than 160% from the prior year. For the first time, the credit union began functioning on its own money.

A posting machine was purchased in 1960 allowing posting to be done by keypunch rather than manually. This

increased accuracy and reduced the time required to post transactions. National recognition was received for being the first credit union to use the plastic addressograph cards.

In 1961, FAH Federal Credit Union moved to Bldg 349 to improve the efficiency of its operation. At time of the move, the Accounting Department was located in another building and the remaining offices faced crowded conditions. Later, the credit union later moved to Bldg. 119, where it remained until moving into the new Bldg. 641 in May 1993. On November 17, 1966, the name changed from FAH Federal Credit Union to Fitzsimons General Hospital (FGH) Federal Credit Union.

In January 1974, the credit union began paying quarterly dividends versus semiannual dividends. The National Credit Union Administration awarded FGH Federal Credit Union the Thrift Honor Award in 1975. This certificate was awarded annually to the top

12% of Federally Chartered credit unions that showed the largest average monthly rate of increase in total savings. That year shares were up 28.4%.

National Jewish Hospital Credit Union merged with FAH Federal Credit Union in 1983. During that year, the Loan Department opened in Bldg 526, where it remained until Bldg 641 opened.

In 1986, the credit union's name changed to Fitzsimons Federal Credit Union (FFCU). The Service Center and ATM opened in 1987, serving members at the Potomac and Colfax location. FFCU has prospered over nearly four decades. The accomplishments were largely due to our membership currently totaling over 16,000 members, and the leadership over the years.

FFCU looks forward to serving a newly defined membership in the years following the closure of FAMC. Holding fast to our mission, we are building for tomorrow on the foundation of yesterday.

Office of the Civilian Health and Medical Program for the Uniformed Services



The Office of the Civilian Health and Medical Program of the Uniformed Services (OCHAMPUS) is a Defense Department field activity that helps pay for covered health care obtained from civilian sources by retirees and eligible active-duty and retired family members of the seven uniformed services.

The CHAMPUS program is an outgrowth of the Dependents Medical Care Act of 1956. It was created in 1966 by amendments to that law which authorized ambulatory and psychiatric care for active-duty family members. Retirees, their families and certain surviving family members of deceased mili-

tary sponsors were brought into the program on Jan. 1, 1967—which was also the date that the CHAMPUS name officially came into being.

The CHAMPUS budget for fiscal year 1967 was \$106 million. In 1996, the annual budget exceeded \$3.5 billion, and CHAMPUS is poised to enter the 21st century as part of Defense's new nationwide TRICARE managed-care program that will bring the best in health care to service families.

OCHAMPUS—the world-wide headquarters of the CHAMPUS program—has been located on the installation at Fitzsimons as a tenant activ-

ity for more than 30 years. In 1996, more than 200 military and civilian staff members occupied six buildings on the post as they serve the health care needs of five-and-a-half million eligible military sponsors and their families worldwide.

As stewardship of the Fitzsimons Army post passes from the federal government to private hands, OCHAMPUS will relocate to office facilities nearby in the civilian community, continuing service with the same dedication that has marked the organization since its inception.

Rocky Mountain Veterinary Service Support District



The Denver Branch of the Rocky Mountain Veterinary Service Support District is one of the many tenant units at Fitzsimons Army Medical Center (FAMC). They are a small unit (approximately 12 people) with a very big and diverse mission. They have personnel located at two different facilities on FAMC proper, and one location in Downtown Denver.

Downtown, they have four food inspectors and one quality assurance civilian. Each month, they inspect over six million pounds of fresh fruits and vegetables, and chilled and frozen food items as they arrive. These items

are inspected and then shipped to government facilities and many schools in five different states.

On FAMC, in a small office in the commissary, two food inspectors inspect all of the food coming onto the installation. This includes food for sale in the commissary, shoppettes, and dining facility.

The Veterinary Treatment Facility (VTF) and Branch Headquarters are in Bldg. 228. The VTF is staffed with one Veterinary Officer/Branch Chief, two animal care technicians, and a civilian receptionist. Medical support is provided to all Military

Working Dogs assigned in the Denver/Metro area and Wyoming. The VTF operates as a shelter for any strays found on post, and handles the quarantine procedures for any Animal Bite Cases seen at Fitzsimons. In addition to all of this, these folks see over 350 patients a month, here and in the clinic at F.E. Warren AFB, Cheyenne, WY.

Headquarters personnel not only handle all the day-to-day operations of the unit, but are also responsible for inspecting over 30 different food production facilities located in a three state region.

U.S. Army Center for Health Promotion and Preventive Medicine, Direct Support Activity-West



Description.

The U.S. Army Center for Health Promotion and Preventive Medicine was established August 2, 1994. Prior to this event, the U.S. Army Environmental Hygiene Agency (USAEHA), established in 1942, was active. Operating under the command jurisdiction of the Surgeon General, its principle function was to assist the Army industrial activities supporting the war effort by identifying and recommending control measures for health hazards associated with a rapidly expanding military-based manufacturing and maintenance complex.

Over the years, the Center's mission has expanded to encompass health review and oversight of virtually all environmental and occupational health programs.

In April 1973, USAEHA became part of the new U.S. Army Health Services Command. Also a part of Health Services Command were five Army Medical Laboratories which had previously been assigned to the Continental Army Command Armies with part of their mission being preventive medicine support within their respective Army areas. In October 1974, the

USAEHA was given command of the health and environmental resources of the Army Medical Laboratories as Regional Divisions of USAEHA. During the following summer, assets from three of the Regional Divisions were redistributed to the existing locations at Fort Meade, MD; Fort McPherson, GA; and a newly-created organization located at Fitzsimons Army Medical Center (FAMC), Aurora, CO.

In August 1985, the three Regional Divisions were redesignated as Field Support Activities under the USAEHA and were added to the Medical Service

Corps Lieutenant Colonel command position list. In November 1988, this Field Support Activity was redesignated as the U.S. Army Environmental Hygiene Activity-West with a mission of responding to direct support requests for environmental and occupational health assistance from nearly 400 Active Army, Army Reserve, Army National Guard and other specified DoD installations and activities in 22 western states and Alaska. Then, in August 1994, the U.S. Army Environmental Hygiene Activity-West was redesignated as the U.S. Army Center for Health Promotion and Preventive Medicine, Direct Support Activity-West, with its parent organization renamed as the U.S. Army Center for Health Promotion and Preventive Medicine.

The Activity maintained a staffing level of approximately 40 professionals who provided expertise in the areas of health promotion, industrial hygiene, water, wastewater, air and solid waste engineering, environmental sanitation, entomology and pest management, environmental and industrial hygiene chemical analyses, red blood cell-cholinesterase monitoring and various preventive medicine and administrative support functions. In August 1992, USAEHA-West was the first Direct Support Activity to revive the preventive medicine physician consultation function since the 1970s

Mission.

Our mission is to regionally execute in 22 western states and Alaska the Army active and reserve component elements for the Center's mission in the areas of field preventive medicine and environmental health; environmental health - water supply management, surface water and wastewater, and hazardous and medical waste; occupational health - industrial hygiene; laboratory testing; and pest management.

Major Accomplishments.

Environmental Health Engineering Division (EHED). The

EHED provides consultations/surveys in field sanitation and hygiene; potable, recreational and wastewater quality, hazardous waste management and document/design reviews to installations within a 22-state region. A recent example of service provided includes an incident where FAMC had a very unusual outbreak of *E. coli* and several other bacteria in the drinking water system. This outbreak rapidly spread throughout the installation and called for emergency procedures. The EHED was contacted and an engineer specializing in these problems was called on for help. This was an intensively coordinated effort between the installation Preventive Medicine Service, Directorate of Public Works, the Command Group, the Denver Water Board, and our activity where we were able to serve the installation and its surrounding community and ensure quality results.

Industrial Hygiene Division (IHD). The IHD serves as a regional technical guidance center for installation health and safety personnel providing industrial hygiene surveys/consultations; hazard communication, protective equipment programs and document/design reviews. The IHD typically responds to unusual and/or highly technical issues which may not be resolved at the installation level. Recently, the IHD conducted a special study of combustion by-products generated during ammunition testing at Lake City Army Ammunition Plant. The study was conducted by a team consisting of our IHD, Occupational Health and Mechanical Engineering personnel.

Entomological Sciences Division (ESD). The ESD provides assistance in pest management surveys and consultations; pest identification; cockroach resistance testing; surveying for numerous vector-borne diseases, such as Lyme

disease, and Hantavirus; and computer analysis of pest management documents. Entomologists from our activity have provided extensive services to our regional installations and FAMC in particular. A recent project included providing FAMC with a Pest Management Plan to ensure the health and welfare of soldiers training and working on FAMC, as well as occupants and visitors to the installation. In support of the Center's mission of pest management, the Entomological laboratory annually processed over 250 individual requests for pest identification, 18,000 mosquito testing procedures, and 3,000 tick testing procedures.

Environmental Laboratory Division (ELD). This laboratory provides routine and emergency analysis of water, soil and occupational health-related samples. The ELD has been instrumental in providing quick-response and emergency analysis to national and international components ensuring quality results and excellent customer service. In most cases turnaround times are less than 12 days or three days in crises situations. Averaging approximately 10,200 samples analyzed per year, this laboratory has been invaluable to the activity's operation.

Cholinesterase Laboratory Division (CLD). The CLD is part of the DOD Cholinesterase Program and tests red blood cell-cholinesterase (RBC-ChE) specimens. It ensures quality assurance consultations, training for RBC-ChE laboratories, and provides assistance in test procedures, result interpretation, equipment usage, training, on-site visits, consultations, and primary testing backup to its ten satellite laboratories. The total processed samples per year averaged 25,000 from national and international sites.

United States Army Medical Equipment and Optical School



Medical Equipment Repair School

Our present programs are the products of a 54 year history of development and reorganization. The United States Army Medical Equipment and Optical School (USAMEOS) is the result of the convergent paths of two distinct fields of training: Optical Fabrication and Medical Equipment Repair.

Our past serves as a valuable backdrop to our present curriculum and foreshadows future modifications to our organization to meet the changing role

of the Army Medical Department. The Medical Field Service School established the Optical Course at Fort Sam Houston in the early 1940s as basically an On-the-Job-Training program. In 1947, the optical school moved to the St. Louis Medical Depot, site of the merger with the Medical Equipment Repair (MER) Course. The MER course originated as a 12-week temporary program at the Depot in 1942. In 1946, the MER program became a

joint Army-Navy program, a beneficial alliance that still exists today. In 1948, the MER course became a part of the Armed Services Medical Procurement Agency. The agency included Air Force students until their departure in 1957. The Air Force program is presently at Sheppard Air Force Base.

In 1956, the Medical Maintenance courses were attached to the Optical Activity creating the United States Army Medical Optical and



Optical School

Maintenance Activity (USAMOMA.) In 1963, USAMOMA discontinued and relocated all operations to Fitzsimons. Optical and Medical Equipment Maintenance became part of the Fitzsimons Plans and Training Division and the Optical Fabrication Laboratory became part of the Fitzsimons Logistics Division. In 1969, USAMOMA was again established as a Class II Command with the term "Activity " changed to "Agency". On 1 February 1973, the

USAMEOS became part of the Academy of Health Sciences; the Optical Laboratory became a separate Directorate under Fitzsimons Army Medical Center. Since 1973, the basic organization has remained constant and more than 26,000 students have trained in Medical Equipment Maintenance Repair and over 3,000 in Optical Fabrication since 1942. Several hundred international students have also attended training over the years.

The unusual merger of these two

fields lasted for 53 years, achieving a unique reputation for excellence within the Army Medical Department. The transfer of the Optical School to the Naval Air Station, Yorktown, VA occurred in September 1995, and the consolidation of all services' Medical Equipment Repair programs will take place in 1998, with the move to Sheppard Air Force Base, Wichita Falls, TX. After the move and consolidation, USAMEOS will continue to stand for quality and service to all branches of the United States military.

U. S. Army Readiness Group, Denver 5th Army



U.S. Army Readiness Group, Denver 5th Army

The Readiness Group Denver is one of nine Readiness Groups assigned to the Fifth Army whose headquarters is in Fort Sam Houston, San Antonio, Texas. The mission of the Readiness Group Denver is to enhance the combat and operational readiness of all United States Army Reserve and Army National Guard Units in the four state area of Colorado, Wyoming, South Dakota and North Dakota.

The ninety-two soldiers and four civilians of the Readiness Group provide support to 155 different units, comprised of over 15,000 soldiers, and encompassing an area of over 225,000 square miles. Thirty-one of these sol-

diers are located at nine different Resident Training Detachments that provide daily assistance to high priority units located in North and South Dakota. Our goal is to maintain the reserve component units' operational readiness for war through effective, mission focused training during peacetime. We provide assistance in the areas of individual and collective training, new equipment maintenance, tactical field operations, and assistance in command and staff training and operations. During times of war, we continue to provide support to our supported units, in addition to all units mobilizing through Fort Carson, Colo-

rado, where we will establish and maintain a Mobilization Assistance Team.

Additionally, the Readiness Group is the Department of Defense representative in our four state area, responsible for coordinating all federal military assets required in support of any federally declared emergency. Readiness Group Denver is an organization of some of the most competent and experienced soldiers in the United States Army. It is through the skills of these soldiers that the Army is ensuring the readiness of our reserve and national guard forces.

Memories

This report is submitted to the memories and sincere praise for "HER," Fitzsimons Army Hospital, for a lifetime of services rendered by all, the Army Medical Corps and the support and maintenance personnel involved. Loving, tender care was received by me from ALL. My first appointment was requested by the U.S. Army Hospital at Fort Carson, CO in the early 1950's. My rank at that time was Master Sergeant. A PFC was also referred to Fitz that day. His last name really happened to be "Hurt." Due to perfect protocol I was attended to first. The corpsman respectfully asked, "Are you Hurt?" I answered, "No, but I'm hurting." Even after such a dry pun, we both were afforded excellent care.

When then President Eisenhower was being cared for so efficiently, I had the pleasure of riding in the elevator with him. He was very courteous to me and we talked perhaps for twenty minutes or more. I remember the front elevator was closely guarded for President Eisenhower's personal use, but he beckoned me to come aboard. He commended me on my uniform, and expressed politely that my ribbons and other insignia were properly worn. My suggestion now being that a plaque stating "President Eisenhower Rode Here" be placed conspicuously on that same elevator."

I have had two five-vessel heart by-passes: the first in 1982 and the second in 1989. Both were successful, although difficult. I had to return to the operating room a second time in both cases. The second operation began at 0730 hours on 3 October 1989, and my surgeon and lovely wife, Martha, did not leave my side until about 1630 hours on the 4th. Such dedication to duty will forever be remembered. Truly, had it not been for a good God, a good doctor and a devoted wife, the operation might not have been a success. Post-operative care was excellent. Tender, loving care was provided by all: nurses, doctors and attending personnel were so gentle, kind and courteous. All I had to do



President Eisenhower was a patient at Fitzsimons in 1955.

was hold up a finger and my needs were promptly taken care of. I asked a young corpsman (corpsperson?) why she was so courteous and attentive and she told me I reminded her of her grandpa. Such a nice compliment! My age at the first operation was sixty-five and seventy-two at time of the second.

May the record of the "Life and History of Fitzsimons Army Hospital" reflect only that for her entire lifetime she served all patients extremely courteously and well. Mere words cannot fully express my thanks and gratitude for her long and glorious existence. She deserves much better than what she has presently received. May the spotlight on her glorious memories and endeavors never lose its luster. GOD BLESS HER! Soon I will have to give up my work in Veteran's Affairs after having been Legislative Officer and Chaplain for our local Fremont 12 DAV for some twenty years or more. I hope to restrain my feelings of disappointment for her untimely demise. Hopefully, her new role will be as successful as the old one. Best regards, much success and GOD BLESS!---**Ottis A. Teel, Canon City, CO**

In the early 1940's, I was an Army nurse at Fitzsimons and I remember we kept all the TB patients outside on the porch. We also had many war brides who came to the U.S. and were admitted with TB. They used to try to sneak in some type of food that had a peculiar odor. I think it was kimchi. Later, they had separate wards for the men and women. The other thing we had to watch was people sneaking liquor into the hospital. I called the MP's so many times! I was 98 on July 3, 1996.---**Margaret Mershon, Aurora, CO**





Fitzsimons was my second home, having worked as a civilian in the military personnel division for forty-five years. It was a challenging and rewarding career. FAMC constantly changed with the times. We went from manual typewriters and carbon paper to high-tech equipment of copiers, computers and FAX machines. I think back of all the wonderful people, military and civilian, who came through the gates to work and served their country honorably in war and peace, and the lasting friendships that were made. They are all part of the distinguished and glorious history of Fitzsimons. The most precious memories for me were attending the final farewell gala and the inactivation of the Medical Center at the parade field the following day. It was a very moving, emotional event that brought a lump to the throat, tears to the eyes and being proud to be an American. I am very honored and privileged to have been a small part in the seventy-eight years of history of Fitzsimons.---
Georgia Saros, Denver, CO



My wonderful recollections of Fitzsimons stem back to my attendance at the 25th Anniversary of 91C, Clinical Specialist Course. I was stationed there from November 1977 through November 1978. I worked for eight weeks as a 91B, Medical Specialist, on the Pediatrics Ward to fulfill my "pre-C" phase of training. I arrived in a snowstorm straight out of AIT, (91B), at Fort Sam Houston. Beyond the initial shock of cold, I was barely able to carry my two duffels from the student company down to the temporary billets near the PX. They were used only for "summer camp" by the reservists during the warm months. Many windows were broken and missing, yet I found a "good" room

facing away from the pre-dominant northern winds!! Only after an Air Force MG's son, Tony Marven, arrived did we get moved to a nicer barracks. My fondest memories while there are of the spring when we were into our clinical rotations and the work load was pretty light. I recall the weekend in late April/early May, when we went snow skiing in the mountains for a mere \$8.00 equipment rental fee from Community Services and water skiing on Cherry Creek Reservoir, all in the same weekend. Another enjoyable time was when several nurses and I each signed up for a "garden plot" over near the BOQ on the SW side of the post. The barracks men never ate so good-with my corn and veggies fresh from the garden! The Craft Shop provided many hours of fun time for all who ventured forth from the barracks life. After several months of acclimating to the altitude, I was able to jump around in the 10,000-14,000 foot peaks, not too unlike the local mountain goats! I have tons of photos from the high country. Sp7's were still serving as instructors in our program. I reflect back on the great years there with envy and desire. I was 21 and out to beat the world. It was Fitzsimons that gave me the perspective to see it from up high!---**Charles J. Eyser, CPT, MS, USAR, Trenton, NJ**



Post Intermural Basket Ball champions-1952

In June, 1985, after an unsuccessful attempt to surgically remove a cancerous bladder tumor at Evans Hospital, Fort Carson, CO, it was decided to send me to Fitzsimons Army Medical Center for surgical removal of my bladder. I checked in on the 7th floor, the Urology Ward of Fitzsimons, on June 24, 1985. The hospital technician known as the "Bag Lady" came by to show me where my new exterior plumbing would be located. I was ready and waiting. Then, on June 26, I was informed by the Duty Urologist that another attempt would be made to remove the cancerous tumor and leave the bladder intact. It seems like God was with me that day. I was discharged on July 8, 1985, with the tumor successfully removed and my bladder is still with me.---**CPT Frank Romanick, USN Ret, Canon City, CO.**

It will always figure in my fond memories from the time I had my first child there in 1947, with the unique birth certificate he now has, until I retired from there in 1979. I had several surgeries at Fitzsimons including cataract removal and lens implant in both eyes and I had the very best of care. I spent many years receiving antigen for allergies wherever we were stationed. I was one of the first four ward clerks hired there and spent 11.5 years on Ward 3-W, serving during the Vietnam War era. I made many friends while there and am happy when I still occasionally meet one. Thanks for the many years of service, Fitzsimons. I am sorry to see its closing, but I do truly understand and do not feel bitter. My husband died on active duty 33 years ago and I have been very well cared for.---**Gladys M. Lovell, Denver, CO**



My memories of Fitzsimons are all pleasant; it has always been home to me since I was born there in 1920. At that time, Montview Blvd was unpaved and sometimes impassable in the winter, according to my parents. We left there in 1925 and returned in 1936 just in time for my last year of high school at East High in Denver. The Army transported us by bus to Poplar St. where we boarded the streetcar to go down to the high school. It was a major excursion everyday. COL

Buck was Commanding Officer at the time and he was a delightful person. COL Wright took over from him and during the time he was there, the tennis courts were built up around the edges so they could be flooded in winter for ice skating. When my father was Commanding General there in 1949, I visited with my eldest daughter and baby #2. The eldest was totally taken with chasing ducks at the "lake" by the CG's house. ---**Ginny Mathews, daughter/BG Edwin Roberts, Johnson City, TN**



I was in Fitzsimons Army Medical Center for the birth of my first child on August 5, 1945. I was so proud of having a new, baby daughter, Gloria. My husband's brother came to see me, but he was much more impressed by the fact that Hiroshima had been bombed than he was about our new baby. I was allowed to call my husband who was at Treasure Island in the Navy. He was so excited to hear the news of the baby that he leaped out of bed, forgetting he was in an upper bunkbed. His comment on the birth of his daughter was, "My back hurts!"---**Shirley V. Wolvington, Golden, CO**

During the Korean War, I was Chief of Surgery at three hospitals in Japan and the surgical consultant was COL John Salyer. He recruited me for a thoracic surgery residency at Fitz which began 1 July 1954. At that time, Fitz was a TB center and a major portion of the surgical work load was the surgery of tuberculosis. With the passage of time, more and more attention was given to heart surgery. The first attempts at open heart surgery involved cardiac bypass employing a dog's aorta. Later, we received the Dewahl, Lillehei pump oxygenator, a pioneer in the field. CPT Floyd Baker, later MAJ GEN, was the first pump technician while a resident in General Surgery. The then Chief of Surgery, COL Clint Lyter, a great and fearless surgeon, amateur golf champion of Colorado, fine skeet shot and all around outdoorsman, was a hard charging competitor who hated to get beaten at anything. He was a great guy to work under. Both John Salyer, Chief of Thoracic Surgery and Clint Lyter taught me a lot. Fitz was a great place to serve. It had everything: A great hospital, outstanding staff, excellent climate, fine golf course, outdoor pleasures in the Rockies, all of the amenities of an independent post and far enough from D.C. to minimize visits from the head shed. My next tour at Fitzsimons extended from August 1963 to May 1966, during which time I was Chief, Dept of Surgery, and delighted to find MG Clint Lyter as Hospital Commander. He retired midway through the tour and was replaced by MG Robert Blount, an outstanding internist and excellent commander who, after retirement, became Dean of the Medical School, University of Mississippi. By this time, surgery for tuberculosis had become a rarity and cardiovascular surgery occupied center stage. I was blessed to find each service headed by most competent chiefs. Of them all, I most enjoyed working with Gene Hemphill who was a real master in plastic surgery. I always assisted when he did breast reduction surgery.



It was pure artistry at work. We also collaborated in producing a teaching film on the treatment of massive lymphedema of the leg which was shown at a national meeting of the American College of Surgeons. The big difference of the two tours consisted of smog. On the first tour, the foothills routinely were clearly visible. The second time around, there was smog at the base of the front range. As an epilogue, before retiring November 1972, I asked my wife, Jeanne, if she would like to move back to Colorado. Her answer was, "I never want to see a snow flake again," so we settled in at my last duty station.---**David A. Thomas, BG/Ret, San Antonio, TX.**

Losing Fitzsimons is like losing my second home. I moved to Fitzsimons from Fort Leonard Wood, MO in 1957, retired from Fitz in 1960, and have continued to use the hospital, commissary, PX etc, up to

the present time. It will be missed, like cutting off my right arm! Now as I approach 76 years in age, the hospital is truly needed and this very much appreciated benefit is like the proverbial rug being pulled out from under me. However, I am indeed grateful for those many years of care the hospital has given me, especially considering the five times I came down with pneumonia, the many visits to the emergency room, the oral and knee surgeries, treatment for emphysema, nosebleeds and a bleeding ulcer. In all cases, my care was excellent. I owe my life to the wonderful and professional treatment that I received from the doctors, nurses, technicians and the administrative staff. My heartfelt thanks are extended to everyone!---**Art Ward, Denver, CO**

Thank you for the invitation to the Farewell Gala for the Fitzsimons Army Medical Center and to the Graduate Medical Education Graduation Ceremony on June 7 and 8, 1996. I regret that I will not be able to be with you. The invitation indicates that the facility will now be known as the U.S. Army Garrison, Fitzsimons. This would indicate that the facility will be continuing under the title U.S. Army Garrison, Fitzsimons. Thus, many of the memorabilia that have been accumulated in honor of LT William T. Fitzsimons will be retained at the Center. I would be interested if there were some plans to store or move the memorabilia from the new Army Garrison's location. The Liberty Memorial Mall in Kansas City, MO is under renovation, and it was in Kansas City that LT Fitzsimons served before going to Europe in 1917. They have inquired of me if I have any memorabilia. Most of what is now available is present there at the Fitzsimons site. May God bless you all as you go to your new assignments in the service of the people of God.---**Most Rev. George K. Fitzsimons, Bishop of Salina, Salina KS.**

Enclosed is my birth certificate for the Fitzsimons Memory Book. I was born at U.S. Army General Hospital about six weeks before the name was changed (June 1920.) You may remember me as the person who worked with Elizabeth Johnson. We prepared a booklet guide for the Aurora Historical Society Walking Tour. Those were the optimistic days!---**Juanita P. Sparks, Aurora, CO**

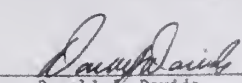
I began working at Fitzsimons in a temporary position in the Department of Clinical Investigation-Immunology. The job was not supposed to exceed 52 weeks. A large HIV study was to begin, and the department needed several medical technologists.

I worked with two flow cytometers in a negative-pressure area. For safety reasons, the room air was constantly removed, wreaking havoc with the air handling system. The central air conditioning could not keep the temperature cool enough for the instruments to operate as smoothly as they could. After a number of complaints, a one-ton air conditioner was installed in our 400 square foot lab. It worked well, sometimes too well. For some reason both the central air and the supplemental air had to be on through-

out the year. During a few of the winter days, the temperature was only 55 degrees F. in our laboratory; however, we just kept on working. After all, we DID ask for it.

For the rest of my time in that department, we fought with huge temperature swings, from the high 50's to the high 80's, but we continued to do quality work and kept smiling. That temporary position became a permanent one, and I had the job over nine years.

Many of the people in Clinical Investigation were very dedicated laboratorians who performed their jobs well, continued their education daily, and still had a good sense of humor. It was a pleasure to work with them. Goodbye, Fitzsimons. I will miss you.---**Doris Sachanandani, Golden, CO**

PLACE OF BIRTH				STATE OF COLORADO			
County of Adams				Bureau of Vital Statistics			
Town of Bunell				CERTIFICATE OF BIRTH			
City of		Registration District No. <i>Adams Co. no 78</i>		File No. <i>5447</i>		Registered No. <i>27</i>	
No. USA GH No. 21 St.							
FULL NAME OF CHILD <i>Juanita Helen Preston</i>							
Sex of Child	F	Twin Triplet or Other?		Number in Order of Birth	Legitimate	Yes	Date of Birth (Month) <i>May</i> (Day) <i>30</i> (Year) <i>1920</i>
FATHER				MOTHER			
FULL NAME <i>Homer Glen Preston</i>				FULL MAIDEN NAME <i>Helen Marie Spears</i>			
RESIDENCE <i>1527 Downing St., Denver</i>				RESIDENCE <i>1527 Downing St., Denver</i>			
COLOR		AGE AT LAST BIRTHDAY <i>27</i> (Years)		COLOR		AGE AT LAST BIRTHDAY <i>21</i> (Years)	
BIRTHPLACE <i>Illinois</i>				BIRTHPLACE <i>Illinois</i>			
OCCUPATION <i>Teacher</i>				OCCUPATION <i>Housewife</i>			
No. of Child of this Mother <i>First</i>				No. of Children of this Mother Now Living <i>One</i>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*							
I hereby certify that I attended the birth of this child, and that it occurred on <i>May 30</i> , 19 <i>20</i> at <i>5 P.M.</i>							
*When there was no attending physician or midwife, then the father, mother, householder, etc., should make this return.				(Signature) <i>Donald J. Davids</i>			
				Captain, Medical Corps, U. S. A. (Physician or Midwife)			
Given name added from a supplemental report							
Address <i>U. S. Army General Hospital No. 21</i>				File <i>Adams Co. no 78</i>			
Registrar				Registrar			
STATE OF COLORADO							
United States of America							
I hereby certify this document is a true and correct copy of the original record in my custody. Issued in Denver this <i>26th</i> day of <i>March</i> A.D. <i>1980</i> .							
Not valid without the raised seal of the Colo. Dept. of Health				 Donald J. Davids State Registrar of Vital Statistics			
PENALTY BY LAW if any Person alters, uses, attempts to use, or furnishes to another for deceptive use any vital statistics certificate.							

My Fitzsimons Army Medical Center memories actually started back in 1966. I was a 6 y/o accompanying my uncle, SGM Fred T. Kaihara, around on his daily activities. Then, in 1983, I was assigned to FAMC w/duty at Hill AFB, UT. A Denver native, I enjoyed the TDY trips back to FAMC and was actually assigned to the Veterinary Services in 1986 as the Operations NCO. I retired from the Army in December 1989, culminating 21 years of service in the USA military. I will miss FAMC, its people, its history, its buildings and the friendly little squirrels. Hopefully, the new owners will allow people to "stroll" around the familiar grounds we've come to know as FAMC.---**Tim Woo, SFC/Ret, Denver, CO**



I was born at Mercy Hospital, Denver, CO in February 1920, so for me, Fitzsimons has always been "there." It is sad, though, to see Fitzsimons fade away, just as old soldiers do. My father, Robert Rowland, was a veteran of WWI. After he was discharged from the Army, he took up farming. In the late 1920's, he farmed a quarter section whose SE boundaries were Hampden Ave and Himlaya St. At that time, Hampden was only a track. Late one summer afternoon while



Colorado folk artist, Bill Potts, served as a soldier medic during Vietnam. He retired from Fitzsimons in Oct. 1978. This commissioned art piece was presented to commemorate the installation's 75th Anniversary.

rounding up a farm animal on horseback, father turned the horse too sharply and she fell, breaking my father's right leg and entrapping him underneath. After all the chores of milking, feeding calves, etc, were done, a neighbor took my father to Fitzsimons Hospital. Upon arrival, they found the front door was locked, however, an employee responded to the doorbell, unlocked the door and said he was sorry, but that they closed at 6:00 p.m. How things changed over the years! The neighbor then drove my father to Colorado General Hospital, now University Hospital, where my father's broken leg was taken care of. Afterword: Broken legs were treated very differently then compared to now. My father was in the hospital for several weeks which meant my mother, with four small children, had to see that the cows got milked, plus making sure all the many other chores connected with farm life were done. One additional bit, our first son, Eric Jr, was born at FGH, 11 Jun 1947. My husband, Eric Sr, was retired from the USAF on disability June 1951.---**Mrs. Margaret Ericson, Aurora, CO**

Be a Medic, If--You're Man Enough

They say Engineers have hairy ears,
Leave mighty works behind them.
Artillery's song just rolls along
While Medics wear the diadem.
Q.M. will rhapsodize about supplies
And Signal, on their deadly art,
In Air Corps, the motors roar
But lacking Medics, don't depart.
The Navy, too, with all they do
With Sea Bees, Marines and all
Without the Medics--Fall.
In every rank, on every flank
Pillrollers strut their stuff.
They're at your call, to give their all.
Be a Medic, if you're man enough.

MSgt. John F. McCarthy/re-printed from Sep 7, 1951 Stethoscope

I was a very young child in the summer of 1961 when we moved to a house just north of the Fitzsimons Army post. The house backed onto the railroad tracks that ran into the Post from the south side in the area that is now the power plant.

Every day, a train would go past carrying troops onto the Post for training. Right behind my house was a pedestrian crossing for children attending the elementary school. There was no gate, of course, just a set of four white painted wooden inverted V markers. The markers were probably only four feet high at the tallest point, but to me, they were very tall. My sister and I would play on them, climbing up and jumping down, except when a train was actually passing. Then, after we had placed pennies on the metal track, we would stand in the back yard and wave to the soldiers on the train. They always waved back to us. As soon as the train passed, we would run and get our pennies. Of course, they were hot, but they were also very very flat.

During the spring of 1965, we had a "Hundred Year Flood." It rained every day for days until every river and creek in the area overran its banks. Sand Creek just north of Fitzsimons was so full, water lapped onto the Peoria Street bridge, but the bridge held. The Havana and Chamber Street bridges were washed away. One traveler coming north on Havana about midnight crossed Smith Road and was traveling too fast to stop by the time he realized there was only water in front of him where the bridge had been. His momentum carried him out into the middle of Sand Creek, where his car stayed. Fortunately, no one was hurt. Along Santa Fe Drive in Denver whole trailer parks were washed away. A tornado had passed through the SE area earlier in the day, dumping more water on already swollen creeks and rivers. Tollgate Creek joined Sand Creek just west of

the railroad trestle that carried trains to Fitzsimons. The trestle was broken, bent and twisted, but still standing after the waters receded. My father knew I was quite likely to go out onto the trestle, so one day when our family was driving past, he parked by the side of the road. Over my mother's objections, he walked out onto the trestle, jumped up and down a couple of times to test its stability, then came back, took my hand and led me out with him. It was probably 50-60 feet above the ground at that point, and the trestle was at a 45 degree angle, I guess. It was scary and exciting to be up so high, and to see first hand what damage flood waters could do. Shortly after that, the tracks were torn up and that railroad right-of-way was purchased by the City of Aurora and currently is used as a bike path.

Later, when I was in high school, a friend and I used to cross the creek and climb the fence on the east side of the Post. The area was unused and weed filled and no one ever caught us. We would go to the PX and swimming pool or just wander around. We giggled and day dreamed about all the good-looking soldiers, well aware that none of them were paying us any attention.

In the early 70's, Fitz handled a great many of the Vietnam wounded. As I walked home from school, cutting across the base to save time, I saw these men out in the sunshine, usually on the west side of the hospital. A great many of these men were amputees, some in wheelchairs, some on crutches, some with only one arm. They would be playing a modified version of volleyball, or just hanging out in the shade. Often times, they would call out to me, and I'd stop to talk with them. Certainly, their lives were changed dramatically, forever, by what had happened to them, but very few seemed bitter or angry. Most were accepting and ready to go on with their lives.

Fitzsimons, itself, has changed a great deal over the years. The old PX Bldg and a dining facility both stood where the parking lot for the commissary is now, just south and west of the fire station. The entrances to the dining facility were on the west end and south side of the building with a beauty shop and Garden/Sport shop in the east end of the building. The entrance to the PX was on the north side of its building and just opposite the entrance to the dining facility, for easy accessibility. When the PX moved to its new quarters on the SE corner of the Post, the Thrift Shop took over the old building. The Thrift Shop has moved to the northeast corner of the Post and a parking lot covers a lot of memories.

As a civil servant, I have worked in various buildings around the post, and I can assure you, the past does not always stay the past. In Bldg 511, working alone one Saturday morning, I could hear two women and a man talking and laughing. Knowing I had relocked the doors after I came in, I went to see who had come in. I could see the empty hall ahead of me and I could still hear these people talking, but there was no one there. I went back to my desk, grabbed my purse and left. No more overtime alone for me! Similar incidents have happened in another building. Some of these "temporary" buildings erected 70 some years ago were offices, but most were used as wards and it's possible, I suppose, that some of our brave soldiers who died there left a small part of themselves behind. Who's to say?

It was hard to see Lowry close after being a part of our lives for so many years, but when Fitzsimons closes, Aurora will seem like a ghost town to those of us who are affiliated with the military. We will miss you, Fitz!---**Mary Wright/CHAMPUS**

After training with the American Red Cross at the American University in Washington D. C. for work in military hospitals as a recreation worker, I was assigned to Fitzsimons General Hospital. I arrived there the Monday after Thanksgiving, 1943. I walked into the Red Cross Building, into the office and met the head recreation worker, LaVon Rawls. She, in turn, introduced me to Sgt. Leonard Baylinson who would be showing me how to run a movie machine, showing movies to the patients on the wards in the hospital. We were married in the Post chapel on December 16, 1944. We remained at Fitzsimons for the remainder of the war. We lived in a little house (now destroyed) at the east end of the golf course.

Christmas at Fitzsimons, with 4,000 some patients was indeed an exciting hardworking and rewarding experience. The Army furnished the trees for each ward, the main hospital, and other buildings on the Post. The trees on the wards were decorated by the recreation workers with the able assistants of the Gray Ladies as the Red Cross volunteers were called, because they wore gray cotton uniforms with white collars and cuffs and gray veils attached to white starched bands. Lights were impossible to buy so the Gray Ladies brought strings of lights from home for the trees. Entertainment for Christmas was supplied by various organizations from Denver who were absolutely wonderful bringing them to the hospital. These were arranged on the wards by the RC workers. At the height of the war, there were eight of us. We also organized games and parties on the wards. Perhaps I should remind you that television had not come about and radios were not permitted, so all entertainment was the responsibility of the recreation workers. There was, however, in-house radio produced at the theater at scheduled times and broadcast to the wards.

Many memories crowd in, but there is no space for others.---**Elizabeth D. Baylinson, Red Cross volunteer, 1943-1996**



This is just a little joke. It went around the hospital. This young girl went to Fitz and stopped at the information desk and asked the private working there where she should go for a diaphragm. He thought hard for a minute and finally and said Lady, I think you'll have to go to the Motor Pool!

The Psych Dept. had its own Occupational Therapy for inpatients, located in the west end of building 609. The patients would come down every afternoon and one afternoon, a young black soldier came by and gave me a big kiss on the cheek. Another time I went to the female inpatient ward. I was sitting there with the patients and noticed a huge bouquet of very fragrant flowers. I asked where they came from and one patient quipped, the ducks at City Park sent them! It was pretty spooky when I worked late or on weekends with all the locked doors....but nothing ever happened.

I loved working in Psychiatry and stayed there until I retired in July, 1975. I started in late 40s when Col. Donald Peterson was the chief. The administrative assistant was Capt. Frank Resel; he used to live in Hoffman Heights, but I don't know what became of him. Col. John Gordon was the chief when I left. He was one of the first doctors who came

to Fitz for Psychiatric training in the forties. The patients would always complain about one (unnamed) psych doctor who invariably fell asleep during his therapy sessions. ---author unknown

My most memorable times at Fitzsimons was when I worked in the Radiology Department. Just before everyone went on leave for the Christmas holiday a party was given for all personnel of Radiology. We would meet in the Red Cross building and be served by the third year residents, a nice dinner which included turkey and all the fixings. I was only told of a time when one of the docs left a dishtowel inside one of the birds and baked it. That is when I think they ordered out and left the cooking to King Soopers! Music was played, and Santa always was there to walk around and spread the Christmas cheer. It was always nice to see the doctors take care of us since all year that is what we did for them. They were a great bunch of guys/gals. It was like family and all of us worked very well together. I will miss Fitzsimons for the laughter and the people who worked here. There is not a better bunch of people.....---
Joanne Nash, Aurora, CO

Dr. Melvin M. Marcus, student at the School for Medical Department Enlisted Technicians (SMDET) from January to May 1944.

Prologue:

After completing two years at the University of Michigan (as Alumnae Association Scholar), I entered active duty at Fort Custer, Michigan on October 15, 1943, arriving at Camp Barkley, Texas, near Abilene, at the end of October for basic Medical Department training.

Although we were told this course would take 17 weeks, men began to disappear without explanation, (the Army way), after about ten weeks. After about three such departures, everyone resumed training, but a few days later a group of us was rushed to two cars on a train headed for Ft. Worth, again without any reason or input on destination or purpose.

Upon arrival in Ft. Worth, our cars were appended to a regular passenger train that seemed headed north. We slept in our dirty, green, plush seats to awaken in brilliant sunlight amidst low mountains, but without any idea where we were. Suddenly, the train made a very sharp turn, bringing into sight the first snow-capped mountain I had ever seen. I could hardly contain myself and could no longer sit still. The train crew informed us that we had a glorious view of Pike's Peak, thus informing us we were in Colorado. Eventually arriving at the Denver Railroad Terminal under orders to stay in our cars, the latter were detached from the train and transported behind a kind of "putt-putt engine" on a lone track to a siding in sight of a series of Army structures.

Ordered out into a formal formation, we jammed ourselves into a modest clearing surrounded by huge piles of snow. A young Army Captain, (MSA), greeted us with, "Welcome to Fitzsimons Army General Hospital and the School for Medical Department Enlisted Technicians. I want to warn you that if you lose any duty days due to sunburn, you will have to make them up before your discharge. We have had to make this drastic rule because so many of the students have had to be



Sketch of Melvin Marcus by
Sam Haile

Information about the artist: Thomas Samuel (Sam) Haile 1909-1948, was an English artist who became most famous for ceramics. Drafted in the US Army, he left it before graduating from Fitz to gain a Commission in the British Army.

His work is displayed at the Victoria and Albert Museum in London and the University of Michigan Museum of Art.

hospitalized for sunburn injury."

All this seemed somewhat incongruous to a group of rather sophisticated college men shivering in cold air amidst hills of snow.

Background: During my stay at Fitzsimons, the SMDET student body consisted of about 2,600 men, assigned in some mysterious, unexplained fashion into five courses: Medical Technician, Surgical Technician, X-Ray Technician, Dental and Dental Lab Technician, and Medical Laboratory Technician. After awhile, it became clear that the latter's enrollment was mostly premedical and science students and that the Medical and Surgical students had none or the least amount of college.

Our faculty was nearly all

professional officers (MC, DDS, SC, etc.), many of whom had been faculty or adjunct faculty at University Medical Centers such as Iowa and Nebraska. They were assisted by Army noncommissioned personnel, some of whom were technically trained and others strictly administrative and clerical.

Classes: School hours were all day, Monday through Friday, with Class A passes issued for weekends. Sometimes, we were shown movies including, "Why We Fight" and the dreadful opus on VD that always caused hilarious commotion, especially as the "Colonel MC" giving the lecture was a well recognized, screen actor.

Time Off: The staff at the School reported that before gas rationing had hit Denver area residents really hard, it was a common practice for soldiers and airmen stationed in Denver to congregate around Colfax and Broadway early on Saturdays and be picked up by Denver families enroute to their mountain retreats. Every serviceman who was treated so royally greatly appreciated the break from schools and duties at Fitz, Lowry, Buckley Field and the other Army/Air bases in the area.

Sam Haile, who had taught at the School of Art and Architecture at Michigan and was also at Camp Berkeley, and I had never met until we were on the train to Denver. He gave me my first lessons in art.

Racism: Speaking of barracks, ours were the Army's usual two-story offices, with double deck beds and small rooms above the washroom for the Corporals and Sergeants. At the School, however, these rooms were reserved for our fellow students of color, who were not permitted to sleep in close proximity to Caucasian students.

Over time, resentment against this unfair treatment led to the circulation of a petition requesting the School to end this discriminatory practice. When COL Sima received our petition, he expressed empathy without point of view, but made it clear, he was powerless to change the Army's system of segregation.

Faculty: Two dental officers who were not very active in our Dental-Dental Lab course were assigned primarily to the Student Health Service. Being dentists, who by profession and inclination are quite mechanically inclined, they spent much of their clinical and free time examining and learning about all the equipment in their dental clinic, going so far as to dismantle and reassemble their drills and handpieces, their operating chairs, the sterilizer, etc. Finally, one weekend they concluded that only one piece of equipment had escaped their attention, whereupon they began to disassemble their dental X-ray machine.

Upon reassembling it, they departed planning to return on Monday to see new patients, one of whom required an X-ray. After placing him in the proper seat and covering him and the operator with proper protective attire, they proceeded to take the necessary picture.

A tremendous bolt of lightning shot across the clinic, causing the patient speedily to disappear, never to be seen in the clinic again. It seemed that the officers had juxtaposed the step-up and step-down transformers. Faculty from the X-ray program were rumored to have been called in (quietly) to repair the machine properly.

Epidemic The most unfortunate aspect of our stay at the School was the epidemic of rheumatic heart disease that hit a lot of the students in the later half of the course. A number suffered heart valve damage. We were told that over half of the Army's such illnesses appeared in Colorado, with speculation that it might well be altitude related, since the mountain troops training in the state were similarly susceptible. (I have no idea to whether this conclusion was ever verified scientifically.)

Epilogue Finally, the quality training I received at the School enabled me to become an excellent dental technician and health provider capable of working in operative, surgical and prosthetic dentistry in our 2,400 bed hospital in France and even to take full-mouth dental surveys in

fourteen shots using then current technology.

Little did I know that nearly thirty years later, while consultant to Regis College in Denver, I would revisit Aurora to interview a friend of the College. What a different sight! In 1944 one could look out the second floor of our barracks or some of the roof terraces of the main hospital and watch farmers plowing their fields (which reminded me of my Dad's farm). The town was completely built up, requiring careful map work to find one's way amidst all the suburban sprawl. At least, when I fly through Denver, I often can see my beloved Fitz down below, bringing back satisfying memories, even of my swollen hands as I tried to carve teeth with proper anatomy out of that damnably resistant plaster of paris!

---Dr. Melvin M. Marcus, Belcamp, MD

My high school class came to Fitzsimons in the spring of 1970. I remember touring the hospital and especially recall our visit to the pulmonary function lab where we got to perform mock tests on each other. I also recall going to a research lab located east of the hospital. We were greeted with enthusiastic tour guides and we were all very impressed with the facility! Little did I know that I would return as a medical technologist, 14 years

later, and be the one to close the doors for the last time at that research lab. It seems that history has an interesting way of making turns.

I will always have grand memories of my career at Fitzsimons. I started working here in the Blood Bank in January 1984. There was much concern about the possibility of transmission of a deadly disease in blood products. One year later, a test became available to test the blood supply for the AIDS virus and, about the same time, I transferred to the Immunology Service in the Department of Clinical Investigation. Captain William Rickman was the service chief at the time. He saw an opportunity to research the AIDS virus at Fitzsimons and played a leading role in designing a research study that would integrate all the Department of Defense medical centers. Three times the Immunology Service hosted a workshop, here at Fitzsimons, where two representatives from each medical center met to learn the finer points of flow cytometry (an instrument used to study white blood cells infected with the AIDS virus). I was part of that research effort as well as helping in graduate medical education. I worked with many fine people and got to participate in many interesting, challenging, research studies. My life will forever be enriched for the time I spent here!---

Sheri Muehlbauer, Parker, CO



Flow cytometer in the Department of Clinical Investigation - 1984
This department consisted of six services; Administration, Animal Services/Surgical Support, Cell Physiology, Immunology, Microbiology, and Biochemistry/Molecular biology. Many research papers were published from this group of dedicated scientists.



This picture was taken June 4, 1978 for the ground breaking of the 5502 Reserve Unit with Pat Schroeder. (photo by Delores Collins)

I came here in 1953 from Fort Lee, Virginia. Fitzsimons was a beautiful place and a great place to further my education. I learned so much from the Fitzsimons OB/Delivery/Labor leader. I worked at the OB/Labor/Delivery until the latter part of 1954. I was then transferred to Tokyo, Japan where I worked in Labor and Delivery there. I came back to the Fitzsimons family in 1972 as a reservist and a civilian Labor and Delivery nurse. The second picture is when I worked in the Nursery in 1975. She was our Head Nurse of the OB Nursery at Fitzsimons Army Medical Building. She delivered her baby at Fitzsimons. Shown are Mrs. Dolores Collins, three Army nurses and our Head Nurse. We also took care of many babies at Fitzsimons. In the Green Room (the well baby room), the Yellow Room (the sick baby room), and the Red Room (the critical care of the babies). I truly hate to see Fitzsimons close because it has become a part of my heart. I have truly enjoyed working here with the doctors, nurses and the staff. Fitzsimons was my home away from home. I will miss you all and God bless you all.---Delores Collins, SFC (Ret.), Denver, CO



After serving 20, 30 or more years in the service of their country, military retirees are now being forced away from their familiar service care to that of the civilian sector. With the closure of Fitzsimons, many retirees are feeling betrayed. These poems reflect how many of them feel.

PROMISES, PROMISES

Sworn to duty,
For all life's worth.
Serving a government, that,
Sees it all, as mirth.
Promised life-solace,
If one did survive.
We now see it was all,
Just politicians' jive.
A promise made.
No promise kept.
Has become the forte,
Of the morally inept.
Children taught not,
To accept any blame.
Admitting to nothing,
That gains them shame.
Caring not,
Of saving face.
These children have now,
Brought government, disgrace.

THE FORGOTTEN

Here, by the roadside,
We lie.
Never expected, this way
To die.
Murdered, by the unjust,
Victims of political lust.
Abandoned, by those,
Who led.
"The wages of war,"
They said.
Forgetting their Corps'
Code.
Completely dismissing,
This mode.
Afraid, with impending, Dread.

**Cyrillus W. Petroskey, SSG (Ret.),
Aurora, CO**



Armed Forces Day 1969

We wish to express our deepest appreciation for the superior care we received in the birth of our daughter, June Elizabeth. Your staff in the OB Clinic, Labor and Delivery, and Post Partum have the highest standards and demonstrated exemplary professionalism. We give our most favorable regards and praise for their efforts to provide the best possible care for my wife and daughter.

I would like to express regret at the closure of Labor and Delivery. Since my wife was eligible for care as prior service, she could deliver only at a military hospital. Being seen in the complicated OB Clinic meant my wife couldn't get the care she needed at any other military facility in the area. While we were at risk of being lost in the system, your staff made sure we weren't forgotten, and all our medical needs were answered. This concern for people is one of the most valuable assets to medical care. I doubt there is a finer unit anywhere than the Labor and Delivery/Post Partum Department at FAMC and its closure is a profound loss to the entire facility. This group of dedicated professionals will be sorely missed.---James and Donna Bjork, Aurora, CO

My father's name was Forrest Hugh Kent, an Army PFC stationed with the Army Engineers at Fort Logan, Colorado in May 1938. I was born in the building that held the Finance Center that was behind what is now the main hospital. That was before the main building was built. I lost my father and was adopted at age five. I was stationed at Fitzsimons from 1960-1962 with the Military Police and went on to serve 23 years with the Army, to include a tour with the Infantry, First Air Cavalry, Vietnam 1965-1967. I retired a Master Sergeant at Fort Carson, Colorado on 1 September 1977 and served as an El Paso County Deputy Sheriff in Colorado Springs, Colorado for a few years. My wife of 36 years and I own and operate a 200 acre longhorn cattle ranch 12 miles east of the Colorado Springs airport. Our son is an ex-Air Force Academy cadet and is now a Sergeant with the El Paso County Sheriff's Department. Our daughter is a social worker in Sterling, Colorado.---Robert F. Stauffacher, Colorado Springs, CO

My father was here in 1927 and worked for the Denver Post. As a child, I delivered newspapers to "Officer's Row" on Fitzsimons. Each row had its own rank: the non-commissioned soldiers had their own row; the "F" row housed lieutenants, the "G" row, captains, the "H" row, majors. I also delivered to enlisted men's barracks (most of the lower enlisted were single) which later became the gym in the early 30's. To the east of the barracks was the water tower; we needed that for the water pressure on the high buildings.

A great amount of alfalfa was raised on Post. At that time, there were stables that had only mules. Mules were more sure-footed and didn't get sick like horses; however, some of the officers had horses.

On the road north of the baseball diamond (members of the Fitz baseball team were participants in the Denver Post semi-pro tournament in 1928) there, about 1/4 mile away, was a hog farm. The hogs took care of the garbage from the hospital. Flies were a problem for the sanitation of the hospital. Garbage can racks of four galvanized cans with lids were used and filled. These cans were taken to the hogs about once a day.

I also recall a soldier who was found floating in one of the open sewage tanks in the mid-thirties. The incident was investigated as a homicide.

In 1928 outside of the Post Exchange, my uncle, Albert Baril, had a magazine stand on the porch. He sold the Saturday Evening Post, Liberty Magazine, Ladies Home Journal, The Country Gentleman Magazine and newspapers from Chicago and New York. The newspapers were about a week or 10 days late, but people still wanted them. That porch was built like a rail fence. They put nails in and cut the heads off to keep people from sitting on the rails.

The mess hall (old commissary) provided all of the food. (The hospital produce was raised out west

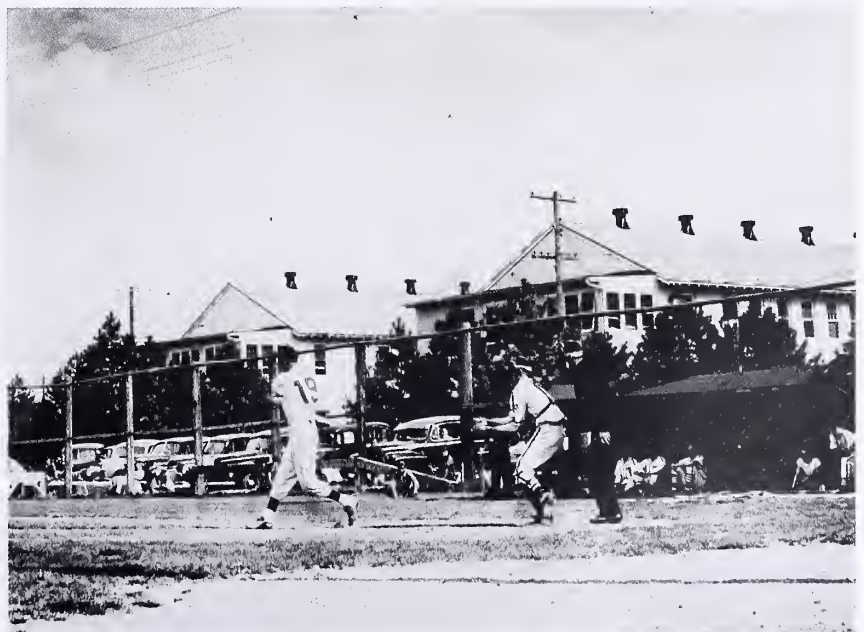
in Arvada and the Platte Valley.) It was taken up to the wards in insulated steel cans with hot water underneath to keep the food warm until they got up to the wards. The mess hall had marble or stone top tables. They let us eat in the mess hall because we delivered the papers in the evening, except on Sunday when it was in the morning. The patients were ambulatory, so they were served cafeteria style. The two lines were on the perimeter leading to the steam tables and kitchen. For breakfast, we'd have puffed rice, corn flakes, puffed wheat, hot cereals, milk, coffee, cream in the cereal, eggs any way you wanted them, bacon, sausage, potatoes, lots of good things to eat. The Quaker Oats company offered a contest to collect 25 box tops and then you could buy a baseball for 10 cents. When the patients finished eating, we'd go around to collect all the boxes to get the tops to send in. I bought a couple dozen balls that way. It was great.

All year round the TB or respiratory patients slept on the porches. Rest hour for the patients was 1-3 p.m. They couldn't have any visitors during that time. During the winter, patients would have a big rubber hood surrounding the top part of their beds to shield the wind, from

head to the toe. Nurses who delivered the early morning newspapers were sometimes surprised to find "visitors," but whatever they were doing seemed to be good therapy, because a lot of them recovered.

A popular diversion for patients was coin collecting. As newspaper distributors, we had the daily paper in the mess hall for two cents, Sunday was a nickel. They would approach the newsboys to take a look at our coins; they especially wanted 1909 Lincoln pennies with the engraver's initials. We'd get two cents for one of those. Some collected Liberty head nickels.

The pay table was located in a building northwest of the Red Cross. They sent the MP's to a Denver bank to get the money. Everybody was paid in cash; they stood in line for as long as it took, usually half a day. The soldiers got \$21 a month, which wasn't much to live on, especially if you lived off Post. Sometimes they'd run short and have to borrow a quarter to get them through the weekend. Bread was two loaves for a nickel, coffee and doughnuts was a dime, with free refills, of course. A family of five could eat for a week with five dollars at the grocery store. Magazines were a nickel or a dime.---**George Friend, Denver, CO**



Fitzsimons General Hospital vs Lowry Air Force Base

There are so many memories of Fitzsimons for my family covering the last 75 plus years. In 1920, my father, Frank C. Allen, who was a WWI veteran was hospitalized as a patient with tuberculosis. In later years, he often spoke of how, during his stay there, the patients were pushed onto the open porches, no matter what the weather, so they could breathe the fresh Colorado air. He used to point out the building where he stayed. It was either the one where Orthopedics has been in recent years or where Gastroenterology is. All of the old buildings had open porches before they were remodeled. During the time of hospitalization, the patients were instructed in many types of handicrafts to keep them busy. We still have some of the things my father made, including a large wicker tray.

The most important event during his hospitalization was my birth in October 1920 at Denver's Mercy Hospital. My father was so anxious to see me that he left Fitz (he wasn't truly going AWOL because he was not on active duty at the time), and went to Mercy to see his new daughter. I don't know if he got into trouble for it or not. The years passed and in 1948 I married Frank C. Gay, an Air Force officer. He spent 23 years in service, retiring in 1964. As Colorado natives, we settled in Denver and began our 30 plus years of treatment at Fitzsimons,



Socializing at the soda fountain on the ground floor of the main hospital was a tradition in the 40s and 50s.

including my husband's long cancer treatment, until his death in 1990, and my eight surgeries. In 1986, I was treated for severe burns that resulted in skin grafts and one month's hospitalization over Christmas.

Through all these years, the caring doctors and nurses and other staff members have made the travails faced by my whole family much easier to bear. It gave us such peace of mind to know that Fitzsimons Army Medical Center was there when we needed it. Its closing is, in my mind and all those whom I have talked to about it, the greatest mistake our entire military family can possibly have to cope with. Fitzsimons will always be a place very dear to my heart.---**Leanna L. Gay, Denver, CO**

There's nothing like a closure to departure to bring back memories. My memories of Fitzsimons have deep roots, and so this closure and my departure to another federal agency tears at those roots a bit. You see, even though it was only five, almost six years ago that I began working out here, my association with Fitzsimons goes way back.

As a young wife, I had my first child out here. As a teenager, my eldest brother came for a football injury that required knee surgery. The doctors at Fitzsimons did such a good job that it mended stronger than the normal knee. I broke my right elbow, and it was the staff at Fitzsimons, the nurses and doctors, and all the specialists and technicians that took care of me when I stayed on the Pediatric Ward for ten days in traction. As a child, I came here for inoculations so I could accompany my father overseas. I'll never forget the mirrored floors that reflected the crisp, white uniforms of the Army nurses, nor the quietness and cleanliness of the hospital.

Before my time, my parents worked at Fitzsimons in Military Payroll. My mom was a civilian employee and my father was a soldier who luckily returned from the Pacific War Zone after World War II. They met at Fitzsimons and married at Fitzsimons Chapel 50 years ago.

Yes! Fitzsimons roots go deep with lots of memories of good people on worthwhile missions...to serve our country and each other. Farewell.--**Elizabeth Williams**



I was in the 104th Timberwolf Division and fought in Holland and Germany. I was in the 2nd Battalion Aid Station of the 415th Regiment. I left Camp (Fort) Carson to go overseas from September, 1944. On October 29, 1944, I was wounded in Holland.

This past June my wife and I visited our daughter, and she took us to the grounds of the hospital and took several pictures. Indeed the area has changed but not the buildings. I live near the Great Lakes Hospital and the VA Medical Center in North Chicago, Illinois and have physical checkups and receive medication from this facility.--
Harry J. Paulsen, Winthrop Harbor, Illinois

In the spring of 1988, Company C, 3rd Battalion, 87th Infantry arrived at FAMC to take the required swim qualification test prior to attending the Jungle Warfare course at Fort Sherman, Panama. The test was given at the FAMC swimming pool. In order to pass, each member of the unit had to swim in full uniform with boots on the length of the pool. The unit's non-swimmers had to learn to stay afloat with field expedient water wings constructed from empty canteens and a pistol belt. The last part of the test was a required walk off a height (the pool's diving board) blindfolded with weapon and load-bearing equipment on.

Each soldier in turn made his solitary visionless walk to the sound of "walking the plank and other good-natured jokes." A great round of cheers went up each time a member of the unit made a graceless face-first landing or other painful entry into the water. Like the divers at the Olympics, those uninhibited blind men that jumped in at dead runs or at a brisk walk off the very short pier received style points from their comrades. Even the commander, Captain Scoot Shires and executive officer, 1st Lieutenant Dan Burkes received their share of taunts at their moment of truth. The unit passed test as a whole and went on to have every squad pass the three week course in Panama.---**Russ Vaughn, MSG, Littleton, CO**



(Editor's note: This photo was reprinted from a 1943 edition of the School for Medical Department Enlisted Technicians yearbook submitted by Harry Paulsen.)

I remember arriving at Fitzsimons Army Hospital around October 1957. I remember picking up snow and eating it before entering the hospital. I traveled to Fitzsimons from Fort Jackson, South Carolina via a two-engine plane and landed in an airfield close by. The weather was windy and very cold. I remember having a catheterization of the heart on Halloween. I underwent seven hours of open heart surgery at Fitzsimons Army Hospital on November 19, 1957. I was seven years old! I had an atrial septal defect (ASD) and a ventricular septal defect (VSD). I was born with two holes in my heart, one was the size of a nickel and the other was smaller. I guess the doctors and nurses worked around the clock monitoring me in the Intensive Care Unit. I believe they told me I was unconscious for several days. I remember there were monitoring units in the left side of the room after waking up from the anesthesia. While I was recovering, an orderly walked me down the hall, and my legs were very, very wobbly. I nearly was about to pass out, but it took that for my legs to gain strength.

After I got of the Intensive Care Unit, I was up on the 7th floor

of the hospital in a ward. I remember eating deer meat or venison for dinner. It took me awhile to eat it because it was tough to chew, but it tasted good. I remember helping a mother's daughter who had ear surgery. She was very sick. Her mother appreciated my helping her because an orderly was busy with another patient. At Fitzsimons, I came down with a kidney infection. I remember taking some orange medicine. This helped clear up my infection.

I would like to give my utmost thanks to Major General Clinton S. Lyter who was my surgeon. In 1957, he was a Colonel in the U.S. Army. To all the doctors and nurses who took care of me, I am ever grateful for what they did for me. I will always remember Fitzsimons. Today, I work for a hospital in Birmingham, Alabama, and I have earned a B.S. degree in biology with a minor in chemistry. I am presently going to school part-time. My hobbies are amateur radio operator, computers, astronomy, fishing, and swimming. Many thanks again for the services at Fitzsimons.---**Gary Wimberly, Birmingham, AL**

I saw a lot of changes in the 22 years that I worked at Fitz. I worked in the Department of Pathology on the second floor of the hospital. I started in the hematology section in 1969 and eventually I worked in the blood bank. Initially the technical work was manual. We had to prepare some of our own reagents, most of the lab tests were done by hand, and we used monocular microscopes. When I retired the equipment was state-of-the-art. Reagents were purchased, machines replaced the manual part of our job, and computers took over the book-keeping. I enjoyed working with the military, especially the young folks. Their enthusiasm to learn new skills was an inspiration.---**Margaret Cardy, Denver, CO**

On my arrival at Fitzsimons in early 1972, the whole campus was beautifully covered with a pristine blanket of snow.

At the Pulmonary Function Laboratory, I especially remember two people:

SFC Charlie Collins, the NCOIC, always carrying out the wishes of the chief while looking after his soldiers.

Col. David Hazlett, the chief of the lab, demanding but caring. Under his leadership, research and the care of the patients were very important. In 1973, Dr. Hazlett and three of his soldiers converted the Pulmonary Function Lab at Fitzsimons into the first computerized lab of its kind in the world capable of automated testing and diagnosis.

During this period, many and long-lasting friendships were made.---**Ignacio Ferrer-Vinent, Denver, CO**



Drums and bells worn by the dancers were the only music used by the Ogallala Sioux in their dances. They performed before hundreds of spectators at Fitzsimons on July 22, 1971.

My 26 years of Fitzsimons's memories will always be broken into bits and pieces, brought forward when something trips them in my brain. Today I remember:

* My first day as an extern - wondering how things would be in a military clinic.

* My first day as an employee (just out of school) - suddenly worried about measuring up to the standards of my supervisors and my patients. Dr. Teter and Dr. Cotton supported and encouraged me tremendously from that day forward. In those days, supervisors were interested in their employees as people: took time with them, listened to them, taught them. It was a good first 10 years!

* A few other GOOD people who were part of my experience: Dr. Aspinall, Dr. Looois, Dr. Davies, Richard Purdy, Dr. Krekorian, Dr. Lepore, Dr. Goldstein, DeAnn McMahan, Teresa Snelling.

* My husband - met him at Fitzsimons!

* Christmas carols playing outside Building 500 while I was doing a hearing screening on a gorgeous, sleeping newborn baby. Being able to "follow" patients through the years - toddler to high school graduation; mid-life into retirement; etc. This was a privilege gained by being long-term employee.

* Having my memories darkened in later years when numbers and control became more important to supervisors than people or product.

* Talent Pool jobs. RIF. Fitzsimons has been the best of times and the worst of times for me.---
Susan T. Ferrer-Vinent, Denver, CO

In November of 1972, I arrived at Stapleton Airport with orders in hand assigning me to what was then Fitzsimons General Hospital. The installation has since taken on two new names.

Back in 1972, I worked in Bldg. 511 at Military Personnel. I was the officer records clerk working



with Mr. Gene Curtis who recently retired. I met my husband (Jerry) who had just returned to Denver the April before from Vietnam and was in the personnel management at military personnel. We were both in the Army, very young, and have very fond memories of people we worked with back then.

We were married in October, 1973 at the Chapel here on post across the street from my home. You see, then the Civilian Personnel Office was the NCO barracks for the women in uniform. It was shortly after we were married that the women had a brand new barracks built adjacent to the bowling alley. In those days Fitzsimons was a bustling community. There were many soldiers assigned here or passing through with the war in Vietnam coming to a close during the Nixon era. General Wier was Commander at the time. Soldiers worked very hard then and that in itself never changed.

I got out of the Army in 1975. Jerry remained on active duty. Whenever we would leave the area and come back, we always made it a point to visit old friends at MILPO. We saw many people come and go. Last April Jerry returned to work at MILPO in Civilian status. Seems ironic that we started out there and

now he's there during the closure process.

Jerry retired in December of 1990 after 20 years of service. We (as faithful as homing pigeons) returned to Fitzsimons. I was working Civil Service in Hawaii prior to coming back to Denver. So, I reported here and waited for a job vacancy. When I got the call, I interviewed for a job with the Directorate of Information Management (Medical Photography) section and have worked there until now. I loved the work and liked the concept of being able to make a difference with supporting the doctors and patients. My son Jarod was born here at Fitzsimons in April of 1981. So, it was nice to be able to give back some of that caring and sharing.

Now we see the installation getting closer to the end of an historical chapter and take on a new character with the future of it becoming a different kind of hospital. It is sad to see the installation and all the good it has done for many thousands of people whose lives it has touched at some time or another, come to an end. But, looking at the brighter side of the coin, it may just be the beginning of something even greater.

The memories will still be etched in our hearts and minds forever. Our fondest farewell and thanks for the memories.---**Stephanie Bubeck**

In March 1975 and again in December, 1976, a week before Christmas, Bob Hope visited FAMC and presented shows in the Post Theater for patients and staff. The theater (which I believe held about 1,300) was packed for both shows--including some patients in wheel-chairs and on stretchers. He brought a couple of female vocalists and a band leader (who would conduct a group of musicians from the Air Force Academy that we had put together before the '75 show; they had one rehearsal with the band leader the day of the show, then went out that night and performed. The show was a mixture of songs and jokes, including good-natured jibes at the Denver area ("I'm from L.A.; I don't like to breathe air I can't see.") Though I'm not quite old enough to know for sure, the atmosphere in the theater seemed to evoke what his World War II shows for GIs and hospital patients must have been like. The outpouring of enthusiasm, gratitude and outright reverence for him (especially by World War II veterans who were there) was quite touching. The evening of the December '76 show, he had completed the show, and had stopped by the FAMC Officers Club where he had a room in which to rest before the performance. We had just gotten into a staff car for the trip back downtown to the Brown Palace Hotel, where he was staying (he had a book signing at a local store the next day), when a middle-aged man and his wife came up to the car window from a party they had been attending inside the club. They were both to see Bob, and the man told him, "I saw you in 1943 on Guadalcanal."

Having Bob Hope come to Fitzsimons (he came on his own, with no advance publicity, because he wanted to perform for the patients) was a memorable event for all who saw him--including those of us who worked behind the scenes to pull it all together. When we found out Hope was coming, in March, 1975, we had about a week to prepare. Our job in Public Affairs (myself and the

Public Affairs NCO SFC Ed Johnston) was to handle all of the advance arrangements, including transportation, rooms at the Officers Club for Hope and his party. I went to the Post Theater and checked the stage behind the movie screen. It was a mess--littered with stacks of supplies and equipment, and dust and debris from years of neglect. A grand piano sat there, dusty and forgotten. We had to get a working party to clear the stage and clean it, and we had to bring in a piano tuner, who certainly earned his pay for getting that venerable instrument back in tune. For the December 1976 show, we had exactly 24 hours advance notice. Hope's personal aide, Ward Grant (who was in his late 50s then and is still Hope's aide in late 1996; Hope himself is now 93), called the Public Affairs Office out of the blue, and said "Bob is coming to do a show at Fitzsimons tomorrow." He added, "Since you did such a great job with the advance work last year, I won't even come with him this time. You can handle the whole thing." Gee, thanks, Ward.

Fortunately, the theater stage and piano were still in pretty good shape from the 1975 show. But it was a week before Christmas, and we couldn't get musicians from the Air Force Academy as we had done the previous years, because the Academy cadets had all gone home for the holidays. Luckily, we found a physician at FAMC who was also a musician. He got together some friends who also played, and they, on less than a day's notice and one rehearsal, were Hope's band. They did a pretty good job, too. The second show was as big a success as the first one, and just as memorable for those who attended..

My favorite FAMC commander was MG James A. Wier, who retired from the job in mid-1976. He was quiet, but highly approachable, and was very supportive of the Public Affairs Office. He gave us a lot of freedom at The Stethoscope, which is an unusual situation for a military newspaper. We could pursue just

about any story we chose to, and SFC Ed Johnston and I never hesitated to print our editorial comments--whether we agreed or disagreed with the official "line" on an issue. The general trusted us to act responsibly and never asked to see what we were doing before we went to press. Once, I was in the middle of a controversial issue (related to something we had published), and was getting pressure from the Army establishment, both local and in Washington. I was walking near the Bruns Room, around the corner from MG Wier's office; he and I passed each other in the hallway, and he winked and smiled, and said, "Dave, don't let the bastards grind you down."

During the Christmas season of 1972, there were probably 500-600 patients on the wards (this was long before "down-sizing" began). The Vietnam War was still in progress, and many patients were combat casualties. Local groups and merchants frequently expressed their appreciation to patients in a variety of ways. During the 1972 holiday season, one such effort was by local Walgreen's drug store which delivered a number of cases of one-pound boxes of chocolates to our office for distribution to patients. Unfortunately, this couldn't be done because of the medical restrictions on many patients' diets. So, we had scores of gift boxes of chocolates on our hands. What to do with them? We solved the problem by giving a box of chocolates to every newly arriving soldier who reported to our office as part of the checking-in process. I don't know if we influenced any career decisions by doing this, but FAMC was probably the only duty station where they got free candy on arrival.---**David G. Potts, former editor of The Stethoscope and Public Affairs Officer, July 7, 1972 through spring, 1982**

It was in the spring of 1919 when Edna Marie Sutherland first came to Fitzsimons, then known as Hospital No. 21 as a nurse on "Upper West."

"I was here when they opened this building," she reminisced as she walked through the building. It was also on Upper West that she met her husband, Second Lieutenant James L. Sweeney who was a patient. They used to call us shaved tails in those days," the retired lieutenant recollected. "When they got new mules in the Army, they would shave their tails... and the name was passed on to the lieutenants," he chuckled.

Discharged in November 1919, Mrs. Sweeney explained that "nurses were not commissioned at that time. We were civilians working for the Army at \$30 a month, room and board and clean uniforms...we had to do our personal laundry on wash boards. Shopping for groceries was really fun in those days. "You went into the store and told the clerk what and how much you wanted of the items listed in a catalogue...your items were delivered in town by an Army truck," Sweeney related.

Not only were patients taught arts and crafts, math, English, and other courses, they were given practical experience in raising hogs. "We were all farmers in those days, I guess. I remember leaving here at 6 a.m. one morning to attend a fair in Pueblo and arriving there at 3 p.m. that afternoon," Sweeney said. "Transportation wasn't too good in those days..."

Soldiers really have it good these days. "No one could get off-post then...including the officers," Sweeney said. "They wouldn't even let us go across the street to buy ice cream and sandwiches. So if you were hungry between meals, you couldn't buy anything until a bunch of us got together and wrote our senators."

Patients were going AWOL from their wards then too. "I will never forget one of the officer patients jumping off the porch and running across the field (pointing in

the direction of Colfax Avenue) to a waiting car...we never saw or heard from him again," Sweeney laughed. ---SSgt. Rufus Williams (Reprinted from *The Stethoscope*, May 27, 1971

It could be that Fitzsimons General Hospital would not be here today if it were not for the work and dedication of Col. Carroll D. Buck, a past commander.

Col. Buck was the hospital commander from 1931 to 1940, serving longer than any other Fitzsimons commander, and during this period there was a move to phase out Fitzsimons completely. Col. Buck actively fought this move and after victory, was instrumental in planning the structure that is Fitzsimons' main hospital today.

"Before completion of the new main building," reminisced Mrs. Viola Buck, "all the wards were flats only two stories tall and spread out. Headquarters was just about where the center of the main hospital is now. Our large dining room table will seat 20 people with the leaves in, and the colonel along with the post engineer, would cover that entire table with blue prints of the proposed hospital and pour over them night after night." Fitzsimons is not a

duplicate, Mrs. Buck pointed out, but very similar to Brooke Army Medical Center in San Antonio, Texas, which was built first.

Following his assignment at Fitzsimons, Col. and Mrs. Buck went to San Francisco for three years. "He was teaching ROTC, but after we got into World War II, he was transferred to medical supply," Mrs. Buck said.

The colonel had retired at the age of 64, but with the onset of the War stayed on active duty for another five years. He has also served tours in Hawaii and the Philippines, working mostly in medical supply. His 47 years of active service could well be the longest in the history of the Medical Corps.

Now 93 years young, Col. and Mrs. Buck live in Denver near the Botanical Gardens. "I don't get out of doors as much as I'd like to anymore," said Col. Buck, a resident of Colorado since 1931. "We took a trip to the East a while ago," interjected Mrs. Buck, who has lived in Colorado since 1922. "It was so cold back there that the Colonel said he would never go East again. Colorado has a way of getting into your blood."---Spec. 5 Curt Stocker, (Reprinted from *The Stethoscope*, October 30, 1969)



Operation Parent Lift December 1971

In the eastern suburbs of Denver, readily seen by every plane approaching Stapleton International Airport, sits Fitzsimons General Hospital, one of eight U.S. Army general hospitals in the 50 states.

Fitzsimons may not be any better, larger or more capably-staffed than any of the other seven, but it's special with me, for my daughter is an "angel of mercy" there. Also I have visited the institution and have met some of its doctors, nurses, and patients. Many of the hospital's 1,700 beds and the majority of its wheel chairs are occupied by veterans of Vietnam. Young fellows, terribly young fellows who have met danger, stared death in the face and have seen it all--in spite of their tender years.

You think you have problems? You worry about the old job, the club membership you can't afford, the cost of the vacation in Jamaica? Do you have two legs, two arms, two eyes? Is the old head in one piece and anchored to your shoulders? If the answer is yes, then brother you have no problems at all. Not a one.

We visited three wards that house a couple of dozen bed patients--most of them amputees. It wasn't a pretty sight, and I didn't know what to do or where to look. Suddenly I felt guilty just for being whole. Many of these gutsy kids had no legs at all. Others had lost an arm and a leg. At least one had lost an eye, an arm and a leg. One "old sarge" had been hospitalized for six years and had eight amputations. The next one would probably be his last, he admitted. There would be nothing left. No matter what appendages these fellows had lost, or the degree of their afflictions, not one had lost his spirit.

The staff at Fitzsimons, nurse Kathy (2Lt. Kathryn Kirvan, OR) among them, must be doing a fantastic job with the patients to establish and maintain their morale at such a high level. The patients in turn did a good job on me. Where at first I was sickened by the sight and thought of this great waste of young manhood and was cowardly looking

for a way to escape, they soon had me examining their stumps while they told me just what happened on the battlefield and in their subsequent injury.

"Paul" earned his bachelor's degree at Iowa State College before going off to lose an arm and a leg in an unofficial war. He was anxious to progress to the point that he could enroll at the University of Denver and work for his master's degree in business administration. Captain Peter Stofflet, of the Public Affairs office, had a red face from sunburn while skiing that day at Arapahoe Basin with the amputee ski team. Ever try skiing a small hill on two legs? Fitzsimons' amputee ski team has won a couple of national titles on mountain slopes. About 40 amputees are involved in the ski program.

The stories of courage, morale, plain guts and indomitable spirit are too numerous and too varied to report, and this reporter could not do them justice. One lad, with tongue in cheek I trust, said that he had experienced an amputation, malaria and ringworm in that order and, in his own words, "The ringworm was

worst of all." I particularly noted one fellow who was all over the place in a wheel chair. He was minus a leg, an eye, a piece of his skull, and his left arm was mangled, wrapped and harnessed. He powered that wheel chair around with his one good arm and was unquestionably the wildest driver on the floor. He will eventually have surgery which will see the insertion of a piece of plastic to round out his forehead line and a glass eye to additionally improve his appearance. The nurse said he was in bad, bad shape when first received at Fitzsimons and apparently few gave him much chance for survival. A bullet in his brain was removed, along with the eye and the amputation of his leg, and the patching of his arm. A couple of days after all this had transpired, the nurse looked in to see if he was still in this world. This latter day G.I Joe opened his one good eye, managed a crooked smile and quipped: "Hi, nurse. How ya doin'?:---**Bud Kirvan, (Reprinted from the The Stethoscope, March 25, 1971**



Learning the "Macarena" the dance craze of '95 at the last organization day at FAMC-Employee Appreciation Day-fall of 1995.



I have many precious memories of Fitzsimons. Meeting many presidents, congressmen and women, surgeon generals, our patients, our medical staff and their wonderful families have truly been inspiring. And now, this magnificent Medical Center with its outstanding people will be gone. Like the passing of a dear friend, FAMC will be sorely missed by all of us. I know it will never be forgotten. It will live in the hearts of all who have served or been served here. Our cherished memories will be passed along in family stories, photo albums and home videos. I am proud to have served 44 years at FAMC and proud to have served with such a magnificent group of men and women, military and civilian. As we come to the end of an era, I reflect with great pride on the contributions of the well-trained staff who acquired their skills at FAMC and the superb professors and instructors who educated them. This closing marks a proud chapter in the history of state-of-the-art medical training in the Services of our country. FAMC's accomplishments speak for themselves. I salute its successes and applaud the significant achievements made for the Medical Corps, the Department of the Army and the American people. Farewell Fitzsimons. Your place in medical history will never be forgotten. Thank you for a job very well done!!!---**Virginia Jackson, Denver, CO**

My memories of Fitzsimons go back much further than when I started working here in 1980. My father retired from the Air Force in 1969 and we moved to Denver. So my first recollections are coming here for teenage aches and pains, a

chronic cough aided, but not cured by a velcro apparatus, made by the able hands of Mr. Count Fields; a notable late-night visit to the Emergency Room and getting "shock treatment" on a foot injured in a cheerleading stunt at the University of Denver. When I later married my high-school sweetheart, who was in the Army, we shopped in the commissary and PX, which brought back a childhood "comfort zone" for me.

Fitzsimons is the place of my first "real" job after college, I'm thankful to my mother for suggesting I apply for a job here. I still vividly remember the grueling interview panel I went through to get hired as a GS-03 clerk typist. Dr. Nassar Ghaed, the chief of the department and chief administrator Dale Kuehn impressed upon me the high standards that had to be met when working in their department. That impression stuck with me through the years.

As unbelievable as it seems now, I played on the department softball team; they must have been pretty desperate...but we had big fun! The famous Radiology potluck parties seemed to continue long past the holiday season. When I worked in Radiology we lived at 161 West Loosley Ave near the golf course and my parents came by to visit Saturday mornings before or after their golf game. My son James was born here in 1978 and spent his early years in the "Day Care" Center as it was known then. It seems like only yesterday that he was one of the toddlers singing carols at the annual

tree lighting ceremony. He also attended the Youth Center summer programs every year growing up; it meant so much to know he was always close by while I was working.

I will be eternally grateful to Col. Nan Borg, chief nurse at Fitzsimons in 1982, who helped me through a difficult time in my life.

My favorite place to shop has been the FOWC Thrift Shop. Some of my most precious things were bought there, but mostly it's the hours (lunch of course) I've spent looking at the treasures on display that mean the most.

The career opportunities I've had here, especially in Public Affairs, have been nothing short of phenomenal. Thanks again, Ralph Yoder, who hired me and Lew Parson, who spent hours teaching me the difference between a pica pole and a whiz wheel. I interviewed generals, the oldest living medical corps officer and a soldier who recovered from a crack habit. I am most grateful for the Army training and experiences and all of the people I've worked with through the years. The challenging position of Public Affairs has been by far the best job, not only at Fitzsimons, but in the Army.

I've been a patient in the hospital, lived in post quarters, lost a baby, had a baby, made wonderful friends, fell in love, got divorced, sang in church, worked, played and grew up here. I wouldn't have missed it for the world.---**Helen Littlejohn,**

Aurora, Colorado



The following was extracted from a letter written by Carl W. Tempel M.D. Major General (retired) as a tribute to FAMC's 60th Anniversary in 1978.

My first tour of duty began in 1937 as a captain in charge of the women's medical section, which included TB, medicine and pediatrics. With only 800 physicians in the service and with few Medical Service Corps officers, young medical officers had to assume many medical and non-medical duties and were largely general practitioners. In the thirties, we had no specific drugs to treat TB, in fact we had few specific curative agents of any kind for acute systemic infections. We did not get sulfanilamide and anti-pneumococcal serum until 1937, other good sulfa drugs and penicillin until 1940, and streptomycin for TB until 1946.

My second tour of duty, as a Colonel, began in 1947- at which time I became chief of the pulmonary disease service and later the medical service. I was indeed fortunate to arrive in an era, when for the first time with thousands of TB inpatients to treat, we had anti-TB drugs arriving to help us arrest or cure the disease. Furthermore we enjoyed the cooperation of other services so vital to our work- particularly the diagnostic

work of the X-ray and laboratory services, and the skill of our thoracic surgeons. The 21 TB wards were full most of the time and we admitted and treated 14,430 patients in the period 1947-1956. In the peak years of the fifties we carried a daily census of about 1200 TB patients and most of the time we were serving as consultants for 600 overflow patients in the Ft. Carson Hospital.

FAMC was credited nationally with many pilot TB drug research studies, including the well known intermittent streptomycin treatment still in use today. I should add that FAMC staff members contributed many papers to the literature and participated in many national conferences and medical meetings.

My last tour of duty, 1960-1962, as commander of FAMC provided me the opportunity to see the four pillars of medicine performed with great skill - medical care, medical training, medical research and medical administration. I retired from the army with "pride in service" but with a humble recognition that what I helped accomplish as chief of service and commander was due entirely to the teamwork of military and civilian personnel of all services, who were dedicated to their work, the army, and their country.

‘Bum’ - the exile of a friend

The called him “Bum.” He was better known than just about anybody else around Fitzsimons, and was beloved of all the patients during his 10 years here.

Bum was a dog, a big shepherd-wolfhound mix who was brought to Fitzsimons around 1922, by Sgt. Ralph Moreland. When Sgt. Moreland was transferred again, in 1925, he left Bum behind. The shaggy, friendly canine was “adopted” by patients and staff and had free run of the hospital grounds and buildings.

Lee Israel, a department historian for the Disabled American Veterans, wrote about Bum in 1931.:

“...he has been a friend to about 60,000 veterans and soldiers to date...I claim him to be the best known dog in the world today...I heard of him about four years ago, as I happened to meet a veteran in Los Angeles...upon finding I was from Colorado and had been in Fitzsimons, all he seemed to care about was the health of Bum.

“He is a pal to all...and you can see him at meal time laying in front of the dining room waiting for his share of our meal...at the main mess, he is there at 4 a.m. for his early breakfast. He makes the Red Cross his headquarters, where they keep a cup of water for him...Mrs. Dye, the hostess, was telling me she would see that he is in the house at night after the cold weather comes on. He enjoys the picture shows, and seems to know the nights they come on and the louder the talking or music the more he enjoys it.”

But, Bum’s free and happy life at Fitzsimons came to an end in April 1932. According to news accounts (the story was played up in the local papers), Bum’s habit of

barking early in the morning did him in. As the Rocky Mountain News told it, “Several officers, annoyed at being disturbed in their slumbers, packed off Bum to the municipal dog pound. After an all-day absence which cast gloom thru the patients’ wards, he was discovered in the canine ‘big house.’

“A delegation of patients surreptitiously gained Bum’s release and brought him back to the hospital. Officers were unaware of this, it was said, until they once more were aroused from sleep by Bum’s howls.

“Then he was banished to the guardhouse. Visitors were denied him. A News photographer arrived to take a picture of the culprit, but was not allowed to see him.”

Later, Major William W. Vaughn, the provost marshal, relented and let Bum have visitors. The major had been trying for some time to find Bum a home off the post. “Bum was a nice old fellow and we all liked him,” Maj. Vaughn said, “but he’d become a big problem. He killed chickens and ducks at night and otherwise misbehaved himself.”

The furor over Bum’s fate was stilled when Mrs. W.B. Patrick affirmed that “she could give him a good home on her ranch near Englewood.” So Bum went to live out his twilight years on the ranch, and Fitzsimons patients and staff, it is said, felt an occasional twinge of loneliness whenever they would look, out of habit, for the old friend who could never return from his exile.

Famous Visitors at Fitzsimons

Early in the 1950s, Fitzsimons hosted many noted entertainers like Joan Caulfield, June Haver, the Mills Brothers, J. Carrol Naish, Louis Armstrong, Velma Middleton, Victor Borge, Dinah Washington and Jack Smith.

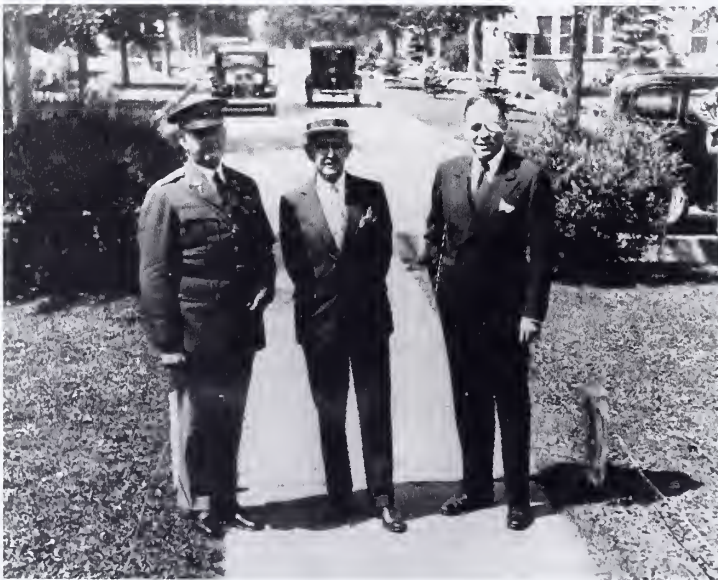
Famous Visitors at Fitzsimons



November, 1926, Queen Marie of Romania was shown around the hospital by the commander, Col. Paul Hutton.



Early 1920s, President Warren G. Harding (light trousers) toured the hospital with Lt. Col. William H. Moncrief.



August, 1932, World War I war correspondent Floyd Gibbons (right) visited Fitzsimons. Also shown are Lt. Col. John Sherwood and F.G. Bonfils, a founder of the Denver Post.



Princess Anne of Britain (on the right) visited in June, 1982.

Presidential Patient

Fitzsimons wasn't on President Dwight D. Eisenhower's itinerary when he visited Colorado, in September 1955. But on Sept. 24, the Chief Executive suffered a heart attack and was rushed to Fitzsimons for treatment. He was hospitalized here for seven weeks.



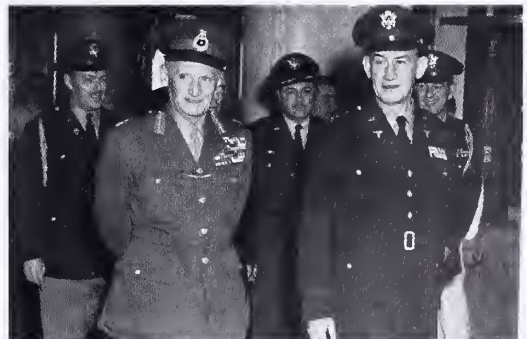
The President's physicians: Left to right: Maj. Gen. Howard Snyder (personal physician), Lt. Col. John Sheedy, Col. Byron Pollock, Col. George Powell with Maj. Gen. M. E. Griffin (hospital commander)



President Eisenhower is escorted onto one of the hospital's outside porches for some fresh air.



Vice President Richard Nixon was greeted by Maj. Gen. Griffin as he arrived at Fitzsimons Army Hospital to call on President Eisenhower.



British Field Marshal Lord Bernard Montgomery, deputy commander NATO, was escorted by Maj. Gen. Griffin on his visit to see the President.

One year after he had recuperated from a heart attack President Eisenhower returned to Denver to visit with the people who had nursed him back to health. The President talked briefly to the thousands of assembled well-wishers and then proceeded to a huge tent that was set up for his visit with Fitzsimons personnel.



The President arrived at Stapleton Airfield in Oct. 1956 to meet with his friends from Fitzsimons.



President visited with Medical Corpsmen: Left to right: MSgt. Farris Dozier, MSgt. Donovan Walling, President Eisenhower, Sgt. Joseph Vaughn, and Sgt. Rufus Dawson.



The President raised his arms in farewell to an estimated crowd of 20,000 as he entered the Columbine III to fly back to Washington D.C.



These are the four nurses who cared for the President during his seven weeks as a patient. From the left: 1st Lt. Lorraine Knox, Capt. Caroline Koger, President Eisenhower, Maj. Helen Rakita, and Maj. Verona McGuire. Lt. Col. Edythe Turner, chief of Nursing Service, was not available for the photo.

Vietnam War Era Visitors 1969-1970



Ed Sullivan Show at Fitz.



Bob Hope



Bobbie Gentry



Ben Davidson: Oakland Raiders



Gladys Knight



Golf pro Orville Moody

Government Leaders



U.S. Senator Bob Dole visited SP4 Mark A. Honea in 1969.



Representatives of Colorado Senator Dominick's office visited Ward 5 east in 1970.



Colorado Governor Richard Lamm (seated) received a quick checkup in 1976 from Fitzsimons nurses dressed in various uniforms worn by members of the Army Nurse Corps



Members of the Veterans Affairs Committee of the U.S. House of Representatives: pictured (front row, from left to right) are Rep. Dan Schaefer, 6th District, Rep. Michael Bilirakis, Florida, and Rep. Gerald Solomon, New York.



U.S. Senator Ben Nighthorse Campbell visited with Brig. Gen. John Parker.



Congresswomen Pat Schroeder congratulated each graduate in the 1993 Graduate Medical Education ceremony.

Street Names and Origins



The streets, as well as some other facilities, around Fitzsimons hospital were named in honor of people who had made significant contributions to the U.S. Army. In June 1991 Brigadier General Thomas E. Bowen presided over a Street Dedication Ceremony which officially renamed South Fitzsimons Drive to Sharon A. Lane Drive, and Bruns Avenue became Charles Kelly Boulevard.

First Lieutenant Sharon Anne Lane was the first Army nurse killed by hostile fire in the Vietnam War. Lane was assigned to Fitzsimons General Hospital June 14, 1968 to April 8, 1969 as a general duty nurse in the Tuberculosis and Intensive Care wards. She was sent to Vietnam on April 24, 1969 and died June 8, 1969 while on duty at the 312th Evacuation Hospital in Chu Lai.

Major Charles L. Kelly was killed in action in Vietnam on July 1, 1964 while commanding an

aeromedical evacuation of wounded soldiers near Vinh Long. Kelly was commissioned a second lieutenant, U.S. Army Reserve, on October 25, 1951, after having served as an enlisted man with the 30th Infantry Division, Europe for over four years. He was assigned three overseas tours. In his second tour, starting September 1960, he served as the commanding officer of the 50th Medical Detachment (Helicopter Ambulance) in Korea. Then in November 1962, he assumed command of the 54th Medical Detachment in Fort Benning, Georgia. His last tour took him to the 57th Medical Detachment which was the only medical helicopter detachment in Vietnam.

The United States awarded Kelly the Distinguished Service Cross posthumously. South Vietnam conferred the Military Order Medal of Vietnam, National Order, Fifth Class, and the Cross of Gallantry with Palm.

On the portico front of the main hospital building are these Latin inscriptions given here with their English translations:

Vita Brevis---Ars Vero Longa.
Life is short, science (art) is enduring.

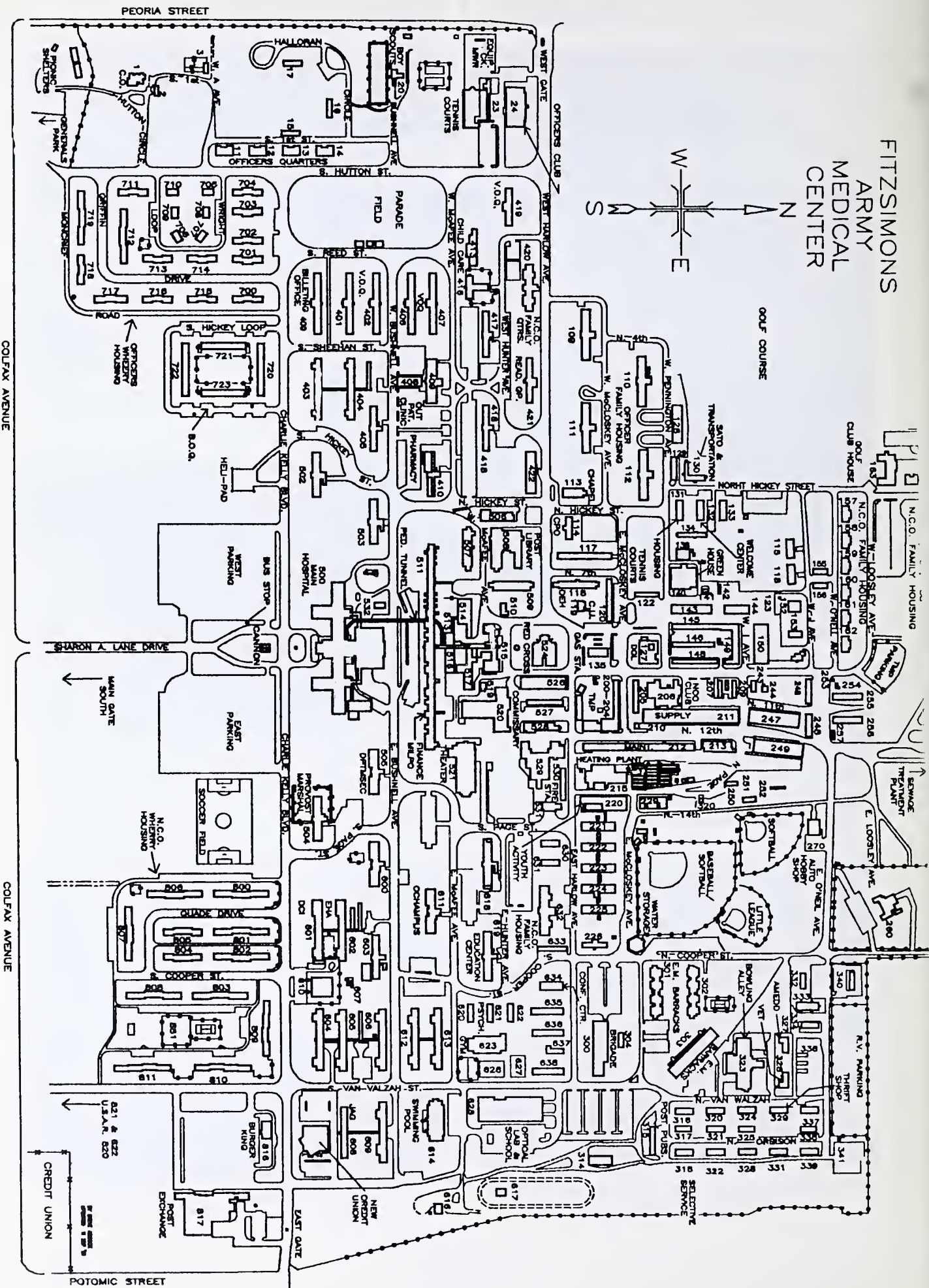
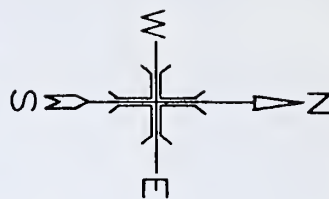
Non Sibi Sed Proximo. Not for himself but for the next one to him (or neighbor).

Salus-virtus et Robur Artibus Scientia et Virtute et Bonis Artibus.
Health, Strength and Vigor to the sinews (body) with the help of Science, Virtue and the Arts.

Bruns Avenue which ran from the east gate to the Parade Field was named after Col. Earl H. Bruns, Fitzsimons commander from April-July 1931. The conference room on the first floor of the hospital was also named in honor of this man.

Bushnell Avenue, which ran from the Parade Field to Building 609, was named after Col. George E. Bushnell, a pioneer in tuberculosis treatment and the officer who selected the site for the hospital. Bushnell Auditorium on the eighth floor of the hospital was a familiar name to many people at Fitzsimons.

McCloskey Avenue ran from the golf course, past the Service Station, and behind Youth Services. It was named after Major James McCloskey who served at Fitzsimons January 1935-July 1936. He was killed in action, March 26, 1942, in the Philippines.



FITZSIMONS

Fitzsimons gave many things
to treasure through the years,
Fitzsimons blessed me many ways
with laughs and smiles and tears.

'Twas there amidst fond memories
came etched within my heart,
the wonder of new friendships close
that time and miles can't part.

Fitzsimons taught me wiser ways,
like change with dignity--
as now go fore and don't look back,
illusions lest one see.

Our patients came from far and wide
to seek safe haven there,
soft ebb and flow of destiny
through days and nights of care

Fitzsimons shared great hallowed halls
where life and death had fought--
so much was known, yet silence held--
forgotten secrets not.

The granite guarded all of us,
as if by God's own hand,
the strength and trust of marbled halls
in triumph stood so grand.

From presidents to residents
its spirit touched us all,
a shrine of sacred nursing care--
enchanted castle tall.

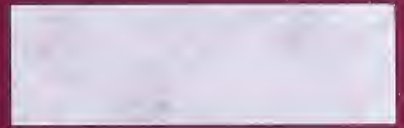
With majesty and graciousness
against the mountain sky,
Fitzsimons whispered one last thing--
don't ever say good-bye...

LTC Wynonna Rice-Stephens

(Editor's Note: LTC Rice-Stephens was the Fitzsimons Regional Research Nurse, Jan 1993-Mar 1994, and obstetrics section supervisor, Mar 94-Aug 1994.)







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